



Durham E-Theses

Presidents, Prime Ministers and Health Care Reform in Political Time: Using Stephen Skowronek's Institutional Theory to Compare Leadership Behaviour in Britain and the United States

FLYNN-PIERCY, HOLLY

How to cite:

FLYNN-PIERCY, HOLLY (2018) *Presidents, Prime Ministers and Health Care Reform in Political Time: Using Stephen Skowronek's Institutional Theory to Compare Leadership Behaviour in Britain and the United States*, Durham theses, Durham University. Available at Durham E-Theses Online: <http://etheses.dur.ac.uk/12495/>

Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full Durham E-Theses policy](#) for further details.

Academic Support Office, Durham University, University Office, Old Elvet, Durham DH1 3HP
e-mail: e-theses.admin@dur.ac.uk Tel: +44 0191 334 6107
<http://etheses.dur.ac.uk>



PRESIDENTS, PRIME MINISTERS AND HEALTH CARE REFORM IN POLITICAL TIME

Using Stephen Skowronek's Institutional Theory
to Compare Leadership Behaviour in Britain and
the United States

Holly Flynn-Piercy

A thesis submitted in fulfillment of
the requirements for the degree of
Doctor of Philosophy

2017

SCHOOL OF GOVERNMENT AND INTERNATIONAL AFFAIRS
DURHAM UNIVERSITY

Abstract

Despite the vast scholarship on presidential leadership, scholars continue to grapple with the issue of the power and authority of the president. Each new president invites a plethora of analysis, discussion and debate, each time reigniting this question. Rarely however, do scholars evaluate more than a single president; rarely do they compare their power, their circumstances, their personalities. It is for this reason that Stephen Skowronek's theory of presidential leadership is so notable. Indeed, Skowronek's theory, first articulated in *The Politics Presidents Make* (1993) and then revised and expanded in *Presidential Leadership in Political Time* (2008; 2011), fundamentally changed the way scholars and others interpret the American presidency and its development over time. While his theory was also an attempt to answer the perennial question of power and authority, it went much further in its attempt to develop a generalisable theory of leadership that could be applied to all presidents.

With Skowronek's original contribution in mind, this thesis takes his theory and tests its utility in a comparative context. The thesis is driven by three questions: (i) is the theory applicable to Britain – can it effectively explain recent British political leadership? (ii) can an American Political Development (APD) approach be successfully utilised in a comparative context? and (iii) does a mechanism to further specify the expected leadership behaviour of presidents and prime ministers increase the effectiveness of Skowronek's theory when applied to an empirical context?

The thesis addresses these questions using health care reform as a case study to determine the extent to which leaders' behaviour is institutionally constrained and the impact on their policy-making decisions and outcomes. The main contention of this project is that Skowronek's theory can be successfully applied to explain the leadership behaviour of British prime ministers, with a comparison based on shared leadership categorisations and macro-level structural similarities. The thesis maintains that Skowronek underestimates the importance of, and neglects to include mechanisms in his model that accurately consider the role of agency, specifically the agency a leader has when confronting constraints. Leadership is inherently more subjective and agency-driven than the theory recognises. The thesis offers a mechanism to join structure and agency more effectively, arguing that it is this that increases the potential of applying Skowronek's theory successfully.

This thesis not only further breaks down the barriers preventing comparisons of (same-country) leaders over time, but also offers a precedent for comparison of leaders across countries. Ultimately, it is hoped that scholars will explicitly recognise that more can be gained from studying leaders in a comparative context at the same time as acquiring a better understanding of power and leadership, whether its historical patterns or its contemporary challenges.

Declaration

No material for this thesis has been previously submitted for a degree at this or any other University.

The work is solely that of the author, Holly Flynn-Piercy, under the supervision of Professor John Dumbrell and Dr Steve Welch.

Material from the published or unpublished work of others which is used in the thesis is credited to the author in question in the text.

Statement of copyright

The copyright for this thesis rests with the author. No quotation from it should be published without the prior written consent and information derived from it should be acknowledged.

Acknowledgements

Life is a journey, not a destination; or so said my uncle when I visited him in Salt Lake City a few years ago. Looking back that is very much how I feel about my PhD. The experience has, at different times, been enriching, infuriating, challenging and rewarding, but above all it has been a shared journey. The things I have learnt over the course of my PhD – about my topic, myself, my family and friends are, in essence, much more important than the finished thesis. Each person that has supported me through this process has contributed something unique and deserves my unreserved thanks and gratitude. The journey would not have been possible, nor would I have reached the destination without them.

My parents have always been my biggest source of love and support. Everything I have achieved is in part because of them. They have helped me to reach my potential; their belief in me has never diminished and it is for this that I am most thankful. So as the culmination of my academic journey, I hope my PhD in some small way helps them to know how deeply grateful I am for all the opportunities they have given me, for all the support, financial and emotional, for all the telephone calls and visits, for all the listening and advice, for all the investment and care, and so much more. Over the course of my three years in Durham, I especially looked forward to my Mum's visits to Newcastle and our evenings at the theatre, laughing together makes everything better. Equally, my trip to the Sunderland-Arsenal game with my Dad was another particular highlight, made all the more enjoyable because of a 0-2 win. These things provided a welcome break and made the demands of my PhD seem more manageable. They are another reason I am thankful to my parents, because they helped me to relax and reminded me of the important things and the important people in my life at a time when it was all too easy to get lost in the books.

Alongside my parents, my fiancé, Gunnar, has been my rock, sharing the ups and downs, the joys and the difficulties, giving me confidence when I couldn't see the end. Most of all though, I want to thank him for just being there, each day, to listen, to reassure, to help and to hug me, without him my PhD would be so much less; my life would be so much less.

Of course the pressures of thesis writing could not be overcome without welcome distractions, and for this I must thank my sisters, Sophie and Daisy, and my grandparents. They have offered unconditional support throughout, even if they didn't always realise it. My frequent trips to Outwood, watching rugby, playing cards, shopping and eating lots and lots of pasta, have always

put a smile on my face, even after the most challenging of days. I will be forever grateful to my Grandad for his constant care and support, and I am truly sorry that my Grandma is no longer here to see the end of my journey.

To my supervisor, Dr Stephen Welch, whose support and guidance, especially over the past six months gave me renewed confidence in my thesis and belief that I would overcome the difficulties I faced in the final months. He constantly challenged me to think differently, questioned my opinions and inspired me to aim higher. I thank him for seeing me through to the end of the process and for his patience and understanding throughout. To my supervisor, Professor John Dumbrell, for his insights, his questions and comments that kept me focused and committed to my project. Away from Durham I received considerable support from Dr Jon Herbert at Keele University and Dr Alex Waddan at University of Leicester. Beginning with conversations at the American Politics Group Conference in Oxford, Jon gave his time generously, and was always willing to share his knowledge and expertise, no matter how complicated or time-consuming my question. He was constantly supportive and I could not have gained understanding and conviction in my theory without his guidance. Alex provided helpful comments on initial drafts of my case study chapters, which helped me to develop and strengthen them. I would like to thank them both for all they did to help me improve my project, it is considerably better because of their contribution.

To my closest friends, Ravza and Merve, for welcoming me into their homes and their lives, and for showing me the true meaning of friendship. I cannot think back on my experience of Durham without remembering them and all the cups of tea, Turkish food and heart-warming conversations we shared. Their kindness, generosity and thoughtfulness is something I will never forget. Ravza was the best study partner I could wish for, our hours spent together in the library and SGIA were very happy ones, but definitely involved too much talking, and not enough working! Merve is one of the most caring people I have had the good fortune to meet, she inspires me to be a better person. I must also thank her husband, Haris, for his thought-provoking conversations, ranging from Islamic philosophy to Sunderland football club.

To my interviewees, Paul Corrigan, Stephen Dorrell, MP, Sir Alan Langlands and Dr Jennifer Dixon for taking the time to talk to me and for sharing their invaluable insights on health care reform, which undoubtedly added significance to my case study and to my thesis as a whole. To

Professor David Hunter, for helping me contact and organise the interviews, and equally for offering his thoughts on my project and inspiring my enthusiasm for health care research.

Finally, I would like to thank Dr McGee Young and Dr Stephen Engel, who ignited my interest in American Political Development and introduced me to Stephen Skowronek's theory of presidential leadership during my Masters degree at Marquette University. Alongside Dr Lowell Barrington, they gave me the confidence to believe I was capable of undertaking a PhD, and for this I will always be grateful.

To Grandma,

*Who never understood the meaning of a PhD, but who was always supportive; I know she would
be proud of me.*

To Mum,

For her encouragement, guidance, love and inspiration; I couldn't ask for a better role model.

To Dad,

For giving me more than I could ever have asked for; I will be forever grateful.

Contents

Abstract.....	1
Declaration	2
Statement of copyright.....	2
Acknowledgements.....	3
Introduction	12
i) Brief Introduction to the Theory	13
ii) Why is it important to test Skowronek's theory by applying it to another country?	14
iii) Placing the Comparative Application in Context	16
iv) Organisation of the Thesis.....	17
v) Relationship to the Existing Literature	19
vi) Summary of Project Contribution	20
Chapter 1	22
Theoretical Framework: Presidential Leadership in Political Time	22
Introduction	22
Section I. Situating Skowronek's Theory.....	23
Section II. Describing Skowronek's Theory	29
i) Secular Time	29
ii) Political Time.....	30
iii) Political Order	33
iv) Regime Cycle.....	35
v) Power and Authority	36
Section III. Deriving the Cycles of Presidential Political Time.....	39
i) Explaining Leadership Behaviour: Recurrent Structures of Political Authority	39
ii) Explaining the Leadership Categories and Discussing their Importance	47
Section IV. Theoretical Elaboration and Analysis of Skowronek's Theory	49
Part 1. Institutions, Ideology and Interests in the Functioning of the Regime	49
i) Institutions	49
a) Locating Institutions within American Political Development.....	49
b) The Presidency as an Institution in Political Time	50
ii) Ideology	51
a) Contextualising Ideology within the Political Sphere	51
b) Ideology in Political Time	53
iii) Interests.....	53
a) Locating Interests within Historical Institutionalism and American Political Development	53

b) Interests in Political Time	54
Part 2. Combining Institutions, Ideology and Interests	55
i) The Structure-Agency Relationship in Historical Institutionalism	55
ii) The Structure-Agency Relationship in Political Time	56
Part 3. Responding to Skowronek: Critiques of the Political Time Theory	58
Part 4. Expanding Skowronek's Theory: Further Specifying Presidential Leadership Behaviour Using an Active/Inactive Distinction.....	62
Conclusion	73
Chapter 2	75
Methods and Approach	75
Introduction	75
A Case Study Approach.....	75
Choice of Country Comparison: United States-Britain	79
Choice of Case Study: Health Care Reform.....	83
Chosen Time Period and Leaders: 1990-2007	87
Discussion of Sources	90
Testing Skowronek's Model	92
Introduction.....	92
Answering the Questions	93
Chapter 3	112
Establishing the Basis for the Application of Skowronek's Theory of Presidential Leadership to Britain	112
Introduction	112
Section I. Extending the Scope of Skowronek's Theory	112
i) Providing Context for and Justifying the Extension of the Theory	113
ii) Comparing Leadership Environments, Styles and Constraints: Presidents and Prime Ministers 113	
Section II. Applying Skowronek's Theory to Britain.....	116
i) The Presidentialisation of Politics: The Basis for an Effective Anglo-American Comparison	116
ii) Comparing the British and American Political Systems: Anticipating Criticisms	119
Section III. Establishing an Historical Basis for Comparison: The Concept of Political Order and 20th Century British Political History.....	121
i) How does the Concept of Political Order Fit with Recent Interpretations of British Political History?	122
a) Consensus and Conflict, Consensus and Continuation: 1900-1939.....	122
b) Post-War Consensus and Decline: 1945-1979.....	124

c) Thatcherism: 1980s-1990s	125
d) A “Major” Effect or a Continuation of Thatcherism: The Conservative Party under John Major: 1990-1997	128
e) Post-Thatcherism: Tony Blair and New Labour, 1997-2007	129
Conclusion	132
Chapter 4	134
Applying Skowronek’s Model: The Leadership Politics of Health Care Reform, 1990-1997	134
Introduction	134
Section I. Health Care Reform and Political Leadership	135
i) Context	135
ii) The Use of Historical Institutionalism and American Political Development in Health Care Research	136
iii) The Comparative Politics of Health Care Reform: Britain and the United States	141
iv) Different Structures, Different Outcomes: Understanding how Institutional Environment shapes the Empirical Context of the Health Care Reform Debate	144
Section II. The Health Care Reforms of George H.W. Bush	146
i) Uninterest and Inaction: Health Care Policy in Bush’s White House, 1989-1991	146
ii) Taking an Interest: Bush’s Reform Proposal, February 1992	148
iii) Evaluating Bush’s Approach to Health Care Reform: A President of Articulation by Default, A President of Inactive Articulation by Choice	149
Section III. The Health Care Reforms of John Major	151
i) Establishing a Personal Style within the Boundaries of Articulation	151
ii) The Internal Market and the 1990 Reforms: Introducing Managed Competition into the NHS 154	
iii) The Patient’s Charter: Specifying Expectations and Softening the Impact of the Internal Market on the NHS	156
iv) The Health of the Nation: New Strategy, New Rhetoric, New Focus	157
v) Evaluating Major’s Affiliation: A Balanced Approach, Different in Style but Same in Policy 159	
Section IV. The Health Care Reforms of Bill Clinton	162
i) Context	162
ii) Choosing a Reform Strategy: Managed Competition as a Pre-emptive Compromise	164
iii) The Importance of Effective Leadership in Overcoming Institutional Constraints	165
iv) Health Care Reform and the Third Way: A Manifestation of Pre-emptive Leadership	167
v) Explanations for the Failure of Clinton’s Plan: Republican Opposition, Democratic Division and the “Politics” of Health Care Reform	172
vi) Evaluating Clinton’s Behaviour: The Failure of Active Pre-emption in a Constraining Institutional Environment	173

Chapter 5	178
Applying Skowronek's Model: The Leadership Politics of Health Care Reform, 1997-2007.....	178
Section I. The Health Care Reforms of Tony Blair, 1997-2000	178
Blair's Pre-emptive Leadership and the Third Way in the NHS	178
i) Tony Blair, New Labour and the NHS: Finding a Third Way in Health Care Reform (1997-2000).....	178
ii) New Labour's Third Way Agenda for the NHS: Modernisation through "Reform and Investment Together".....	182
iii) Extending Thatcher's Legacy: The Role of the Market in New Labour's NHS Reforms, 1997-2000	185
iv) Evaluating Changes to the NHS, 1997-2000: Blair's Pre-emption and the Impact of the Third Way 187	
Section II. The Health Care Reforms of Tony Blair, 2000-2007.....	188
i) A Conscious Shift in Policy: Moving Away from the Third Way Agenda in the NHS	188
ii) The NHS Plan 2000	189
iii) Blair's Pre-emption Reinforced: A Bigger Role for the Market in Health Care after 2000	191
iv) The Patient, the Market and Increasing Choice: New Labour's NHS Policies, 2002-2007	193
v) Evaluating New Labour's Health Care Reforms, 1997-2007	195
Section III. The Health Care Reforms of George W. Bush	199
Introduction	199
i) Why Medicare? Politics or Passion?	201
ii) The Role of the Market: Increasing Choice and Competition through Privatization	204
iii) The Impact of Ideas and Ideology on the MMA	205
iv) Bush's Active Affiliation and the Leadership Politics of Medicare Reform	208
Chapter 6	211
Evaluation.....	211
Introduction: Evaluating the Applicability of Skowronek's Theory to the British Political Leadership Context	211
Answering the Questions	211
Summary.....	241
Conclusion.....	245
Making a Final Assessment: Answering the Main Research Questions and Considering the Overall Contribution.....	245
Answering the Main Research Questions.....	247
Question 1	247
Question 2.....	249

Question 3	251
Suggestions for Further Research	252
Overall Project Contribution	254
Bibliography	255
Appendix A.....	280
List of Interviewees	280
Example Set of Interview Questions	281

Introduction

This research project investigates contemporary Anglo-American leadership behaviour and decision-making. Using Stephen Skowronek's institutional theory of presidential leadership, it examines the constraints leaders face to enacting political change. Within this, the specific focus concerns the way in which a leader interprets and reacts to these constraints and the consequent effect they have on the formulation, development and outcome of the proposed policy change; the project has three overall aims. First, to determine whether it is possible to apply this theory of presidential leadership to another country and another political setting, namely Britain. Second, to identify comparable patterns of leadership in order to specify the circumstances under which a successful application is possible. More broadly, identifying these patterns will enable an overall judgment on the value and applicability of an American Political Development (APD) framework outside the United States.

The aims of the thesis will be achieved through application of the theory to a policy-specific context that allows comparison of individual leaders across the chosen seventeen-year period from 1990-2007. The use of a specific policy area should also enable a judgment on how effectively the behaviour of American presidents can be explained by the theory. Third, to extend Skowronek's theory by further specifying the expected leadership behaviour within each category using an active/inactive distinction intended to address the problematic structure-agency relationship within the theory and to demonstrate that the leader as political agent has greater ability to overcome structural obstacles than Skowronek appreciates. As such, the following research questions define the project:

- i) Can Skowronek's institutional theory of presidential leadership be applied to Britain to explain recent prime ministerial leadership behaviour?
- ii) Can an American Political Development approach be successfully utilised in a comparative context to provide a more complete understanding of how leadership efforts drive political transformation?
- iii) Does further specifying the expected leadership behaviour of presidents and prime ministers increase the effectiveness of Skowronek's theory in terms of explaining observed outcomes when the theory is applied to an empirical context?

In answering these questions, the major contribution of the thesis is an attempt to unite APD and comparative politics by taking a “comparative perspective on APD” (Morgan 2016:175). Using Skowronek’s theory as a principal example of the APD approach, this thesis will investigate whether Skowronek’s theory can be successfully applied to another political context and in doing so attempt to “knit the two fields back together” (Ibid.:179) to determine whether an APD approach has utility outside the United States.

i) Brief Introduction to the Theory

This macrohistorical theory focuses on identifying “broad historical patterns in presidential leadership” with the aim of understanding the consequences for the institution of the presidency and the working of the American political system as a whole (Skowronek 2008:xi). Alongside identifiable patterns, Skowronek is also concerned with specifying comparable sets of circumstances and experiences that enable presidents separated by large spans of time to be similarly categorised and effectively compared within their respective political-institutional environments, something which “marks a distinct break with the past” (Tulis 1996:249) and in doing so differentiates the theory from previous approaches.

More than formulating a generalisable theory of leadership however, Skowronek aims to offer a new way to conceptualise and address the question that has consistently defined the study of the presidency, “how influential is the president, and in what ways do presidential “leadership efforts...shape the American political landscape and drive transformation?” (Skowronek 1993:3). In determining his influence, Skowronek examines how the president reacts to, is constrained by and ultimately changes his political environment. The leadership efforts of each president are largely defined by two factors that operate simultaneously, their constitutional powers and the existing organisational arrangements (Tulis 1996:250). Skowronek uses these factors to construct a typology of expected leadership behaviour, both of which affect a president’s influence and the extent to which he is able to control his own agenda and shape his own legacy.

Skowronek’s typology of leadership behaviour offers the project’s starting point based on the belief that the macro-level cultural, historical and structural commonalities of both countries make effective comparison possible, despite their different political systems. Moreover, effective application requires identifying the pieces of the theory that are most useful in order to fully understand the circumstances and experiences that shape presidential behaviour and produce

different leadership types. Achieving this understanding also dictates making adaptations to the theory to ensure that application is as robust as possible.

ii) Why is it important to test Skowronek's theory by applying it to another country?

There are several reasons why it is important to test Skowronek's theory through applying it to another country. First, using another country to test the theory will enable a broader judgment on the applicability of the APD approach employed by Skowronek to a country outside the United States. Specifically, applying the theory to another country will also provide a test of the possibility and value of using an APD/historical approach within a comparative framework. In applying the theory to another country, the thesis will bring together these two approaches, which is particularly important because little research that utilises these approaches does so with reference to countries other than the United States (Hacker 1998 and Lieberman 2005 are exceptions). Moreover, the fact that case study research is less widely used in comparative politics and that APD focuses primarily on the United States in fact suggests the importance of testing the theory in such a context to build on existing literature and offer a precedent for future research. Indeed, the larger motivation for this project emanated from a desire to test the boundaries of each of these theoretical approaches with a view to determining the political contexts in which they can be effectively applied. Using Skowronek's theory as a leading example of these and understanding how leadership affects the transformation of the American presidency (and by extension the British executive) constitutes the primary contribution of this thesis in view of the broader theoretical and methodological contribution. Thus, should it be possible to identify the necessary conditions within the boundaries of these approaches within another country, it is possible that a comparatively-informed APD approach may also be valuable when conducting historically-based, institutionally-focused research in other countries.

Second, in developing his theory in *The Politics Presidents Make* (1993) Skowronek does not systemically test his theory. Rather he constructs his typology based primarily on historical observations of similar political circumstances that enable him to place presidents separated by large spans of time into four categories defined by expected leadership behaviour. His discussions of recent leaders in *Presidential Leadership in Political Time* (2011) to illustrate further development of his theory are based on specific instances or examples that support and reinforce his typology rather than sustained empirical investigation. For this reason and given that

Skowronek had already categorised the American cases, applying the theory to other country offered the opportunity to conduct the sustained empirical investigation that the theory lacked. Moreover, conducting comparative research was believed to offer a more robust test of the theory and enable better falsification of hypotheses.

The response to Skowronek's theory demonstrates its impact on the presidential studies literature and on previous attempts to understand presidential leadership. It is perhaps surprising therefore that despite attempts to apply the US presidential studies literature elsewhere, since its original publication in 1993, scholars have not made more systemic attempts to test the theory. Instead, responses focus mainly on theoretical deficiencies and lack of precise understanding of key theoretical components. The desire to expand on the insights of those scholars that critique the theory indicated the importance of testing through application to another country, not only to (in)validate the theory itself, but also to understand the relevance of the existing critiques. Further, to use these responses as a starting point to offer amendments in order to rectify those perceived shortcomings by conducting comparative research that incorporates the critiques and uses them to conduct a more robust test.

It was also important to establish whether Skowronek's insights on leadership behaviour and identifiable patterns across time were applicable outside the United States with the aim of providing support to the argument for a "presidentialisation of politics" (see Poguntke and Webb 2005) in many European countries, including Britain in recent decades. The application to another (European) country will enable a judgement on how effectively the components within theory provide further support for this literature and to the political leadership studies leadership (see Foley 2000). Focusing on specific components within the theory also reinforces the importance of testing the theory through application to another country. The ability to determine whether political time¹ exists in another country and can be applied as the central element in enabling identification of comparable leadership patterns across countries will significantly increase the impact of the theory. Similarly, using a comparative approach to establish the extent to which the chosen US cases fit within the theory will increase the empirical utility of Skowronek's historically-based normative observations. Using Skowronek's theory as a leading example of an APD approach will allow the project to identify the necessary criteria for a successful application using this

¹ Political Time is Skowronek's central theoretical component and will be discussed in detail in the following chapter.

framework. It will also enable the project to establish the boundaries and recognise the challenges in bringing together comparative politics and APD in a way that highlights both strengths and weaknesses of the theory.

Applying the theory to another country will provide important empirical conditions for a robust test. Translating Skowronek's typology of leadership behaviour from theoretical to empirical necessitated prior establishment of the elements of the theory that would be most significant for a test of this type. Without an empirical context, it would be difficult to know which elements were most central to a test of the theory and which elements require adaption for the test to be effective. Using a contemporary time period and analysing relatively recent leaders should allow for a deeper understanding of the impact of historical circumstances on contemporary leadership that will be relevant for present and future leaders in both the chosen countries. Indeed, choosing a clearly defined period of time enables a stronger and more accurate comparison of expectations surrounding leadership behaviour and a clearer understanding of the ways in which leaders act as agents of change.

Finally, undertaking a comparative test offers the opportunity to make stronger conclusions on the ultimate (in)validity of the theory. Should the US presidents have been the only cases, it would be more difficult to falsify the hypotheses. Without a comparative case, it would be equally difficult to make an overall judgment on the utility of an historical institutional/APD approach outside the United States.

iii) Placing the Comparative Application in Context

Making a comparative application first necessitates identifying patterns of leadership behaviour based on Skowronek's typology. If the expectations and criteria are broadly similar, manifested through comparable formulations and outcomes in political agenda and action, it will be possible to ascertain the extent to which the theory has effectively applied to explain British prime ministerial leadership. For this reason, the case studies of American presidents already provided by Skowronek provide the contextual starting point. These are used for comparative purposes, against which to examine the leadership styles of the chosen British prime ministers (John Major and Tony Blair) in terms of expected behaviour and policy outcomes in their own political environment. It is important to recognise that systemic differences will have some impact on the behaviour and response of leaders to their structural constraints, which will in turn influence their

policy proposals and outcomes. These differences do not prevent comparison however, as this is primarily based on the shared ideological and personal preferences of each set of leaders and assesses the leader as an individual agent of change, separate from the larger political environment.

Before applying the theory to a comparative policy case study however, the project begins by identifying similar political orders across countries. This identification of similar political orders will form the basis for comparison. A comparative approach that focuses on the commonalities between leaders should produce stronger findings in terms of identifying similar recurrent patterns of leadership with the chosen time period.

At the same time, both sets of cases have an important role in contributing to a test of the utility of a comparative APD approach. On the one hand, comparison will also test the American cases to determine how effectively they fit into Skowronek's theory. Significantly, "as a way of making inferences about American politics, this is something of a departure for the literature in American political development, in which implicitly comparative propositions about the consequences of particular ideological or institutional patterns are common but rarely worked out explicitly" (Lieberman 2005:xvi). On the other hand, without the American cases, a comprehensive explanation of either the similarities or differences that emerge when the theory is applied to the British context would be difficult; comparing the outcomes enables more robust conclusions. In attempting to explicitly investigate the comparative propositions relating to patterns of leadership behaviour and political change, this thesis challenges the traditional APD approach and attempts to highlight areas where these approaches could be fruitfully combined in the future.

iv) Organisation of the Thesis

The first chapter locates the theory within the presidential studies literature by evaluating the development of that literature in the latter part of the twentieth century. By reviewing the existing literature, the chapter highlights the impact of Skowronek's theory and the way it has changed how scholars think about presidential politics and the historical development of the presidency, largely by breaking down barriers that previously prevented effective comparison of presidents in different historical time periods. It then discusses and explains the key concepts of the theory as they relate specifically to this project, with particular focus on introducing Skowronek's typology of leadership behaviour that provides the theoretical core of his model.

The second chapter discusses the methods and approach of the thesis. Situating the research within the comparative, qualitative case study literature, the chapter explains the reasoning for the choice of comparative case, (policy) case study and time period. Specifically, it focuses on establishing the conditions for a “most likely” case design in the context of bringing together APD and comparative politics, which it is hoped will provide the most favourable context for a robust test of the theory. The chapter also includes a discussion of the sources on which the project is based, primarily secondary literature supported by primary documents and interviews. Finally, the chapter introduces the questions that constitute the test of Skowronek’s theory. These questions are designed to assess the extent to which Skowronek’s theory can be effectively applied to explain British prime ministerial leadership and are based on the extent of awareness a leader demonstrates of his constraints relative to the theoretical expectations. The questions also examine the utility of applying Skowronek’s theory to a policy-specific context through considering the impact of structural constraints on the formulation, development and outcome of stated policy objectives. The questions also assess the value of the proposed extension to the theory in terms of increasing its explanatory power and ultimately evaluate the overall applicability of the theory to a different political environment.

The third chapter begins with a discussion that offers justification for extending the scope of the theory before examining the respective leadership environments, styles and constraints of presidents and prime ministers in order to establish the comparative basis for application. A survey of the “presidentialisation of politics” literature, which suggests that many Western European countries, including Britain, are moving towards a presidential style of governance, despite having parliamentary systems, provides further context. Identifying comparable political orders and leadership patterns across 20th century British political history is the focus of the final section, which aims to reinforce the establishment of a comparative basis for the test of the theory.

The fourth and fifth chapters apply Skowronek’s theory to a policy-specific case study, health care, with particular focus on health care reform. The discussion concentrates on the policies of the respective leaders in terms of the extent to which the formulation of their policy agenda and reform proposals reflect their categorisation within Skowronek’s typology, such that their place within that significantly shaped the policies they pursued. In addition, this chapter also investigates the extent to which the leaders were able to use their position to overcome their constraints and accomplish their intended policy objectives. Using both specific policies and their

overall approach to health care reform in the case of the prime ministers, the chapters also use an active/inactive mechanism as a way of more accurately specifying a leader's expected behaviour and the extent to which the empirical evidence suggests he acted either consistent with, or contrary to, his expected type. Ultimately, whether the development and outcome of the reform attempts of the respective leaders can be explained using Skowronek's leadership behaviour types, will determine the degree of explanatory power and the extent to which the theory can successfully explain prime ministerial leadership in Britain.

The sixth chapter offers an evaluation of the findings of the case study; making comparisons between leaders and assessing the effectiveness of the test of the theory. The questions that were set out in the Methods and Approach chapter are answered with regard to each of the chosen leaders and their approach to health care reform. The chapter ends with a discussion of the extent to which the behaviour of each leader fits into Skowronek's typology, focusing on the criteria that affected the application and its impact on the overall success for achieving the aims of the thesis.

The project concludes by returning to the main research questions. Some overall conclusions are offered that highlight strengths and weaknesses of both the theory and the approach of the thesis. A judgment is made on the extent to which it has been possible to apply this theory to explain British prime ministerial leadership and on the value of using the APD approach in a comparative context. Finally, the question of whether developing a mechanism for further specifying behaviour has valuably extended the theory is considered. The thesis finishes with suggestions for future research and a discussion of the overall project contribution.

v) Relationship to the Existing Literature

There are four main literatures on which this project expands. In addition to building on the presidential studies literature, the project contributes to the existing literature on political systems written from an historical institutional and APD perspective; the presidentialisation of politics and political leadership studies and finally the Anglo-American comparative health care literature. First, the institutional literature shows that the way political change occurs within the democracies of the United States and Britain makes it possible to identify similar political orders at the structural level, which in turn makes comparison of leadership behaviour possible. Second, the presidentialisation of politics literature suggests that it is possible to apply this theory to the British

political context, despite the fact that each country has a different political system. Written largely in the last decade, the considerable literature in this area demonstrates a movement towards presidentialism in many European parliamentary systems (Poguntke and Webb 2005). Like Skowronek's theory that places the president at the centre of the analysis, application is possible because this literature focuses on the leaders themselves; while the systemic environment provides the context, it is not given primary consideration. Using this literature, this chapter argues that comparison is possible because the leaders are separated from their systemic context, which gives prime ministers the ability to act presidentially within the framework of a parliamentary system. Within this framework "presidentially" refers to an increase of executive power, primarily at the expense of the legislature. Moreover, the political leadership studies literature (Foley 2000; 2002) that examines leadership behaviour also largely separates the leaders from their party-political environment, again reducing its impact.

Finally, this project also contributes to the Anglo-American comparative literature on health care and health care reform. In addition to providing valuable context, based on a discussion of previous works that use an historical institutionalist and APD approach to evaluate health care reform, this literature is used as a basis to locate Skowronek's work and to provide additional support for applying the theory to an empirical case.

vi) Summary of Project Contribution

This project shows that Skowronek's theory can be applied to explain the leadership behaviour of British prime ministers using shared leadership categorisations and macro-level structural similarities based on comparable political orders across the 20th century. The project further shows that Skowronek underestimates the importance of, and neglects to include mechanisms in his model that accurately assess the role of agency, specifically the agency a leader has when confronting constraints and interpreting his role as an agent of change. Leadership is inherently more subjective and agency-driven than the theory recognises. This is not to say that agency is more important than structure, but rather that it plays a larger role in explaining a leader's response to his institutional environment and his structural constraints. Consequently, it appears that Skowronek has not effectively managed to join structure and agency because structural constraints are viewed as essentially fixed, something that in effect causes a leader to fail, which this project will demonstrate using empirical evidence, is not always the case. To equalise this imbalance, an

extension to the theory is required. Consequently, the overall contribution of this thesis is not only to apply this theory to a policy-specific context, but to use that policy area to offer an extension to demonstrate how the structure-agency division may be better equalised in order to increase the possibility of successful application of the theory to other countries, political contexts and leaders.

Equally important, the project will demonstrate both the challenges and potential value of using APD in a comparative context to compare of leaders across countries. In aiming to build on areas of dialogue between the two approaches, it is hoped that scholars explicitly recognise that more can be gained from studying (American) leaders in a comparative context. At the same time, the thesis aims to break down barriers preventing (cross-country) comparison over time and in doing so provide a deeper understanding of the nature of leadership, whether its historical patterns or its contemporary challenges.

Chapter 1

Theoretical Framework: Presidential Leadership in Political Time

Introduction

This chapter contains three sections. The first section situates Stephen Skowronek's theory of presidential leadership within the 20th century presidential studies literature. The intent is to contextualise Skowronek's theoretical contribution and to establish the purpose and aims of his theory using the perceived shortcomings he identified in the existing literature and his desire to rectify. The second section describes the theory, discussing the central theoretical concepts as they are relevant to this project: secular time, political time, political order, regime cycle and power and authority. The third section explains Skowronek's typology of leadership in the context of the project's objectives. It first discusses the individual categories that constitute the typology and the general expectations that pertain to leadership behaviour; it then examines how the typology might operate empirically with reference to recent leaders. The fourth section provides further elaboration and analysis of the theory. It discusses the role of institutions, ideology and interests both in the context of historical institutionalism and APD and as Skowronek interprets them within the theory. Institutions are the foundation upon which Skowronek's theory is based and as such are vital to understanding the development of the presidency and the actions of individual presidents. Ideology and interests both shape and are shaped by the institutions they operate within; thus, it is equally important to understand how their interaction both creates and affects the constraints a leader faces, and his attitude and approach towards those constraints. This discussion utilises the key concepts of the second section with a view to establishing the theoretical basis that enables the theory to operate empirically. The second part of this section provides an explanation of the structure-agency relationship, first broadly, then specifically related to the theory. This section concludes with a discussion describing the development of a mechanism that is intended to increase the explanatory power of the theory such that it more accurately reflects the choices and action a leader as political agent makes within the constraining environment he operates.

Section I. Situating Skowronek's Theory

This section contextualises the theory and locates it within the larger presidential studies scholarship, much of which focuses on the issue of presidential power and influence.² There have been essentially two contrasting ways that scholars have approached this question. In the first, “the rise of the presidency was good for democracy; in the other it was damaging; in one, presidential empowerment was the solution; in the other it was the problem; in one, the prospects were bright; in the other they were grim” (Skowronek 2011:5). In short, the first analysed the presidency “as a solution to the problems of governing America,” while the second viewed the presidency as the “source of America’s governing problems” (Skowronek 2002:743).

In view of this stark division, the obvious starting point for an analysis of the first approach, which spanned from the 1920s until the Vietnam War (Skowronek 2011:2-3), is Richard Neustadt’s *Presidential Power* (1990). When published, this book “articulated an entirely new way to think about presidential politics” (Tulis 2000:265; see also Edwards 2000:9-15).³ Since then, “Neustadt has set the terms by which every student of American politics has come to understand presidential power in the modern era” (Howell 2003:8). At the time of its publication however, the practical advice Neustadt offered seemed inconsistent with the quantitative approaches that were becoming increasingly dominant within behavioural political science. Nevertheless, like the behaviouralists Neustadt “was rejecting what was understood as the traditional legal/institutional approach to political analysis” (Gunnell 2000:16). In addition, Neustadt’s approach contained a strong pluralist element in its emphasis on the president’s ability to bargain and achieve consensus (Ibid.:19). Indeed, this focus on presidential agency and the “practical dimensions of politics” appeared at a time when scholars had begun to prioritise theoretically “scientific” research, to an extent that made *Presidential Power* seem “anomalous” (Ibid.:23). Despite the fact that Neustadt’s work constitutes an “exception” to this scientific research, this book has remained seminal in political science and thus it is not surprising that Skowronek (2011:2) begins his discussion of the presidential studies literature here, calling *Presidential Power* “the single most influential analysis of the office.” As Skowronek suggests, Neustadt encapsulated the best of progressive thinking on

² In recognition of this, in *The Politics Presidents Make*, Skowronek (1993:17-32) also begins by discussing power and authority.

³ Edwards (2000:9) notes before Neustadt’s “power approach,” the dominant literature on the presidency was Edward S. Corwin *The President, Office and Powers, 1787-1984* (5th ed., 1984) and Clinton L. Rossiter, *The American Presidency* (2nd ed., 1960).

the presidency and in doing so represented a school of thought that dominated the presidential literature over the first half of the twentieth century. Consequently, Skowronek's approach does not attempt to supplant Neustadt. Rather it develops it, in addition to resurrecting a systemic perspective that Neustadt intended to replace (Tulis 2000:266).⁴ Expanding on Neustadt, Skowronek asks whether it is possible to systemically identify comparable historical patterns within similar sets of political circumstances that enable an overall judgment on the development of and changes that occur within the American presidency and the individuals that inhabit the office.

In addition to the progressivism of Neustadt, marked by liberal optimism and an expansion of the federal government, Skowronek's alternative approach was also a response to the institutional literature that replaced the president-centred literature, becoming dominant in the 1970s. These two approaches constitute the two distinct schools of thought on presidential studies: the plebiscitary presidency⁵ (Schlesinger 1973:377; Lowi 1985; Tulis 1987; Rose 1991; Kernell 2007) and the institutional presidency (Messe 1983; Grover 1989; Burke 2000; Epstein and O'Halloran 2000; Rudalevige 2002; 2005). The first prioritises the president's personality (Barber 1977; Buchanan 1987:137-187; Greenstein 2000) and political skill and focuses on his "power to persuade"⁶ (Neustadt 1990:11). In contrast, the second emphasises the structural constraints imposed on the president that delimit his influence and at certain points facilitate Congressional resurgence (Edwards and Wood 1999; Rudalevige 2005).⁷

Taking their lead from the Progressive tradition, the first group of scholars prioritised the president as agent, while the second group concentrated on the institutional structure of the office itself as a check against executive overreach in the wake of the Watergate Scandal and the Vietnam War. Indeed, in the post-Watergate era a shift occurred such that the plebiscitary presidency was

⁴ For a discussion of the contrasting theoretical frameworks of Neustadt and Skowronek, see Lieberman (2000:274-310).

⁵ Although the term "plebiscitary" was used with reference to the pluralist "plebiscitary theory of democracy" in Neustadt's *Presidential Power*, (see Gunnell 2000:9), in fact Arthur Schlesinger coined the term "plebiscitary presidency" in his 1973 book, *The Imperial Presidency* when discussing the power abuses of the Nixon White House in the wake of the Watergate Scandal.

⁶ George Edwards (2009:4) provides a useful definition of persuasion in the context of presidential leadership: "persuasion refers to causing others to do something by reasoning, urging or inducement. Influencing others is central to the conception of leadership of most political scientists. Scholars of the presidency want to know whether the chief executive can affect the output of government by influencing the actions and attitudes of others."

⁷ In their book on presidential leadership, Edwards and Wayne (2014:1-17) discuss four main approaches to studying the presidency: legal, institutional, political power and psychological; they place Skowronek's work in the "institutional" category, further locating it within historical institutionalism and APD.

no longer viewed as good for democracy. The president was no longer a facilitator working for the collective good; rather he was a manipulator working to increase his personal power and authority. As Schlesinger (1973:377) commented, the Nixon administration “produced an unprecedented concentration of power in the White House and an unprecedented attempt to transform the Presidency of the Constitution into a plebiscitary Presidency.” Since then the negative associations of the plebiscitary presidency have expanded to include, “aggressive assertions of executive independence, direct appeals to the people, active manipulation of public opinion, and, binding all these together, a new emphasis on rhetorical prowess” (Shogan 2003:149).

Related to the first group of president-centered scholars, since the 1980s, we have seen the rise of the concept of the “modern presidency” (Skowronek 1986:287-289) with a focus on, among other things, how technological changes have produced consequent changes in “the governing responsibilities, institutional resources and political position of recent incumbents.” Indeed, the use of the word “modern” implies that there is a historical disconnect between these presidents and presidents of earlier periods that makes effective comparison implausible. In contrast, the “constitutional presidency” presents a more historically stable view of the presidency, as an “institution operating in a fixed and enduring structure of separated institutions that share power” (Ibid.:288). Significantly though, the specific content of these approaches is less important than their different interpretations of the presidency and the role of the president. As Skowronek points out, these contrasting perspectives “immediately prompts consideration of others, and, thus, opens the door to a range of complementary historical/structural investigations” (Ibid.:289).

Given that these contrasting perspectives provide the context for Skowronek’s alternative conceptualisation, it is important to understand their impact on the wider presidential studies literature and on political science more broadly. Edwards (2000:14) succinctly summarises when he notes that Neustadt’s book “was a critical intellectual breakthrough that forced us to broaden and clarify our thinking and encouraged us to emphasize explanation and generalization in our research.” Perhaps the major empirical contribution of Neustadt’s work was his focus on the president as agent, as an individual separate and potentially more powerful than the institution he leads. The now familiar explanation of the power of presidential agency found its greatest evidence in FDR’s New Deal policies, the creation of the Executive Office of the Presidency (EOP) in 1939 and the conclusion of the Brownlow Commission that “the president needs help” (Dickinson 1996:86-116). In addition, the civil rights struggle of the 1960s and the dominance of liberal

ideology in American politics provided the context for Neustadt's writing, giving further support for the growth of presidential power and authority.

Skowronek also highlights the New Deal period as one in which there was a noticeable increase in presidential power. Thus, these years are a logical starting point because they provide the strongest support for the Progressives' claim that the president as an individual, rather than Congress as a collective group, was uniquely positioned to respond to the needs of citizens (Skowronek 2011:2). Moreover, this "first look" literature also provides the context for Skowronek's own discussions of the president as agent, as well as hinting at the sometimes unconscious placing of the president at the centre of the analysis. Despite intentions to do otherwise, the president is viewed by citizens, especially in the contemporary era, as the figurehead of the executive branch.

From their vantage point of the liberal 1960s, the progressive scholars could not have foreseen the impending shift in the presidential literature, away from the president as agent of the people using his power for good, toward the president as manipulator, using his power for personal gain. This movement was crystallised in the literature with the publication of Arthur Schlesinger's *The Imperial Presidency* (1973).⁸ Motivated by the perceived abuses of the Nixon presidency, this study focused on executive overreach and the negative consequences that presidential abuse of power had for democracy. Chronologically these works were followed in the 1980s by a return to a more positive view of the president and albeit in a reinterpreted form, a return to an agent-centred approach that concentrated on the president's political skill in subjugating Congress and thereby increasing his *de facto* power (Lowi 1985; Tulis 1987).

Changing direction again, the 1990s saw a re-emergence of studies that focused on the presidency as an institution and viewed the president as an actor within, rather than separate from, that structure (Burke 2000; Rudalevige, 2002; 2005). The title and the content of Rudalevige's book, *The New Imperial Presidency: Renewing Presidential Power after Watergate* (2005) illustrates the impact of the second wave of presidential studies literature on this "new-institutionalism."⁹ What is most interesting about these three decades in terms of the development

⁸ Around the same time as Schlesinger's book, other books written within the second wave literature suggested a collective anxiety over the direction the presidency was taking. See for example, Reedy (1970); Cronin (1978) and Groover (1989).

⁹ On "new institutionalism" see Hall and Taylor (1996) and Orren and Skowronek (1995:296-317). On the concepts of order and change as part of a new institutional approach, see Skowronek (1995a):91-96.

of the presidential studies literature is the extent to which the publication of the major works, whether personal (Lowi 1985) or institutional (Burke 2000) in approach, was essentially motivated by the attitudes and actions of the occupant of the White House. It is not coincidental that the publication of works with titles such as *The Personal President* (Lowi 1985) and *The Postmodern President* (Rose 1991) came during and just after the end of the Reagan administration, a president who had “magnetic political appeal” (Skowronek 2011:93) and the ability to manipulate the institutional structure to his political advantage.¹⁰ A similar argument can be made for the publication of the second wave literature in the 1970s written largely in response to the excesses of the Nixon presidency. Both of these examples speak to a larger point, namely the difficulty of removing the president from the analytical centre, even in an institutionally-focused approach.¹¹

In the tradition of the new-institutional literature although departing from those foundations in his attempt to combine structure and agency, George Edwards (2009) frames his analysis of presidential leadership as “strategic,” arguing that the president is more obviously rational than in Skowronek’s political time. This argument suggests that the factors that shape presidential action are often less historically determined and more dictated by the president’s perception of a given situation and need for an effective response (consistent with his agenda) to that situation. More importantly, his critique of “laudatory theories about the persuasive powers of the presidency...pushes the second wave literature to its limits” (Nichols 2011:515), especially given that he comes to the conclusion that “presidential power is *not* the power to persuade” (Edwards 2009:x). Yet, this rather simple conclusion belies a much larger point in relation to the development of the literature, that it has in fact come full circle. Beginning with Neustadt in 1960 and ending with Edwards in 2009, we see that, for all its fluctuations over the course of the twentieth century, the “two looks” presidency scholarship has been dominated by a constant re-envisioning of its formative arguments in a way that uniquely locates Skowronek’s political time thesis within this literature. Unlike his colleagues in both approaches, he does not offer what he calls “an alternative evaluation of the same history” (2011:5). Rather he embarks upon the process

¹⁰ Skowronek (2011:92-98) appears to validate this point when he labels Reagan “reconstructive.” Some scholars (Nichols and Myers 2010:829) have questioned the extent to which Reagan is truly reconstructive in the mode of FDR, however they also note that Reagan’s reconstruction is now “widely accepted.”

¹¹ Speaking to this difficulty, reviewing George Edwards’ *The Strategic Presidency*, Nichols (2011:515) notes, “while Edwards does not remove the president from the center of the political firmament, he enriches existing literature on strategic presidential leadership by arguing that more attention should be devoted to the political context in which the president pursues policy goals.”

of “conceptual retooling.” In doing so he invites scholars to start work within a third wave of presidential studies, of which he represents the beginning. Skowronek’s theory also denotes an attempt, albeit one seen as not wholly successful, to remove the president from the centre of the analytical framework within this subfield (Nichols 2011:519-524).

The development of the presidential studies literature over the previous century shows that rather than a linear progression, what occurred was a dialogue between scholars, some of whom highlighted agency and some of whom emphasised structure. Equally significant in terms of going forward with a new research agenda, the temporal development of the literature places Skowronek and his “third look” interpretation at the end of this line. In short, Skowronek hopes to establish a theory that has a similar impact on the presidential studies literature as Neustadt in 1960, and later Schlesinger in 1973. In identifying and attempting to bridge the divide created by this dichotomous literature, Skowronek has at least succeeded in beginning a third wave of presidential analysis that is distinct from anything that has come before and for this reason deserves scholarly discussion, debate and critique.

In view of these two approaches and the demonstrated fluctuations in the development of the presidential studies literature, it is neither surprising nor coincidental that Skowronek (2002:743-753; 2011:1-26) begins by offering his own brief review of the presidential studies literature as a “third look.” More than implying that there had been two previous “looks” at the presidency, Skowronek (2011:5) maintained, “a third look at the presidency...takes aim at the office that has been persistent in driving political change since the beginning of our constitutional history.” Equally importantly, he also consciously endeavours to situate himself at the chronological end of the current literature, since he argues for a “conceptual realignment of past and present,” in which “we might expect a third look at the presidency in American political development to be more than an extension or updating of what received histories of the office have told us in the past” (Skowronek 2002:744). Merely updating the history of the presidency does not give adequate analytical and theoretical consideration to either the president as agent or the presidency as institution. In actuality, this essentially explains why the study of the presidency has been historically problematic for scholars, given the difficulty involved in deciding where to focus: the president or the presidency. Somewhat inevitably scholars have been largely unsuccessful in bridging this divide, as is evident in the divisions that have dominated the presidential studies literature in the twentieth century. Skowronek attempts to overcome this problem by situating the

president within the institutional structure. In doing so he suggests that rather than an either/or approach, it is possible to combine both through an awareness of the limitations of each that enable formulation of an alternative interpretation.

At the same time as he reinterprets this literature, Skowronek also reinterprets the challenges presidents face: “institutional maneuvers and cultural ethos, partisan bargaining and public philosophy and thought and politics” (Tulis 2000:267). Thus, for the purposes of locating Skowronek and the political time thesis in the broader literature on the presidency, it is useful to use both these larger and smaller dichotomies, not so as to suggest that the literature on the presidency follows a linear course or that it falls into “neat categories” (Edwards and Wayne 2006:20); but rather to accurately contextualise Skowronek’s work and to understand his motivations for providing an alternative approach.

Section II. Describing Skowronek’s Theory

This section introduces Skowronek’s key concepts with two general aims. First, to provide both context and critical commentary; to illuminate Skowronek’s description and explanation of each and to contextualise how each will be utilised in the project. Second, to overcome some of the definitional ambiguity that characterises some of Skowronek’s interpretations. It is hoped that clearer and more precise explanations will help to bridge the gap between normative observations and empirical realities in terms of applying the theory in a comparative context.

i) Secular Time

Secular time is chronological and follows a linear pattern of progression. In Skowronek’s (1993:30) words it is “the medium through which power structures have evolved.” These structures relate broadly to governing arrangements within the polity as a whole and their evolution is exogenous to the presidency. Consequently, these structures have affected the development of the presidency as an institution and the range of powers claimed by individual presidents over time as “presidents in later time periods exercise more power than their earlier counterparts” (Ibid.). In relation to presidential leadership, secular time refers “to the progressive development of the institutional resources and governing responsibilities of the executive office and thus to the repertoire of powers the presidents of a particular period have at their disposal to realize their preferences in action” (Ibid.). When viewed historically, it is clear that secular time and the consistent reorganisation of presidential power has changed the kind of politics a president can

“make” in political time (Ibid.:58). Presidents face a different set of constraints in secular time than in political time, and they must reconcile these if they are to exercise power effectively, accepting that the changes that occur in secular time may not only be outside of their control, but that they may last longer than a single administration.

ii) Political Time

Political time is the central concept in Skowronek’s theory; it is the expression of Skowronek’s key theoretical claim that presidential leadership follows a cyclical pattern, where a cycle refers to recurring patterns that can be historically identified and compared. Simply put, political time is a “wave” that is created through the linear secular time, in which a series of cycles is connected through the repeated stages of creation, consolidation, entrenchment and eventual breakdown. Political time relates to a president’s place in a cycle, while secular time relates to a president’s place in history. The phases of the regime cycle are constructed, reconstructed and broken down, although this process differs in each regime cycle. In contrast, secular time is stable and unchanging in its pattern of progression.

The different regime cycles do not exist for fixed periods as in secular time, but are marked by phases or stages that last for indeterminate lengths of time. They are defined by the extent to which “presidents encounter received commitments of ideology and interests and claim authority to intervene in their development” (Skowronek 2011:18). Consequently, presidents “find themselves facing different obstacles to leadership depending upon their relation to a party/policy “regime” (Tulis 2000:267). A reconstructive president faces the fewest obstacles in terms of resistance to leadership (Skowronek 1993:37). He is in a position to “reset” political time, at which point a new cycle begins. Once political time has been reconstructed, it then goes through “various episodes in which leaders affiliated with the new regime offer to affirm, extend, and complete work on the established agenda, and opposition leaders test the vulnerabilities of the established commitments and the potential for repudiating them outright” (Skowronek 2011:19-20). Within these various episodes, obstacles to successful leadership can be both structural (existing institutional and constitutional practices) and agent-created (ideological commitments of his predecessor). These pre-existing commitments, combined with a president’s skill, condition the degree to which he is able to be “successful” in effecting the change that he desires and that is consistent with his ideological agenda. A president’s skill relates to the extent to which he is able to use the personal and psychological advantages of his leadership position to lessen the constraints

he faces. Significantly, although assessing the president as an agent of change, Skowronek does not give adequate consideration to a president's skill, which supports the notion of a disparity between structure and agency in his model.¹² In this context, success depends on how much presidents are able to "facilitate change by recognizing opportunities in their environments and fashioning strategies and tactics to exploit them" (Edwards 2009:188), despite the historical and institutional constraints they face (Skowronek 2011:18). As a result, political time has a "narrative structure" in which "presidents bid for authority by reckoning with the work of their predecessors, locating their rise to power within the recent course of political events, and addressing the political expectations that attend their intervention in these affairs" (Ibid.). The narrative is created through a combination of historical circumstances, contemporary events, political expectations and the successor's interpretation of those in the context of the actions of his predecessor.

In addition, presidents face different challenges in political and secular time. It is useful therefore to differentiate between the *power* that they have as leader of the executive branch in secular (and political) time and the *authority* they claim in political time with regard to controlling the outcome of the independent exercise of their power.

Political time is "the historical medium through which authority structures have recurred" (Skowronek 2011:18). These recurring, dynamic fluctuations in authority are the historical connecting points between presidents who inhabit different regime cycles, making comparison viable. At the same time, these fluctuations also affect the two key variables in political time: the *status of the regime*, either vulnerable or resilient and a *president's position relative to that regime*, either opposed or affiliated. In Skowronek's words, "presidential leadership in political time will refer to the various relationships incumbents project between previously established commitments of ideology and interest and their own actions in the moment at hand" (Ibid.), where the established commitments represent the regime and the president's position conditions the action he takes. The constraints faced in political time are institutionally-rooted, while constraints encountered in secular time are contingently determined. Consequently, these constraints exist both within and outside the boundaries of the presidency as an institution and may not be explicitly political, for example economic recession, but may have significant political consequences. Institutional constraints are particularly evident in periods of divided government. For example, in 1995

¹² This disparity will be addressed in this thesis through the creation of a mechanism to further specify expected leadership behaviour.

President Clinton was especially limited in his action as he faced a hostile House of Representatives under the leadership of Speaker Newt Gingrich. Under the latter's direction, Republican House members had released the "Contract with America" during the election campaign, which was widely seen as a victory for American conservatives as the Republicans took control of the House for the first time since 1953 (Fisher 2010:118). More recently, the internal divisions between the American Medical Association (AMA) and some state medical societies in their level of support for President Obama's healthcare plan illustrates the constraints that can be encountered when influential interest groups are reluctant or wavering in their endorsement of major policy legislation (Barakso 2011). Without their backing, gaining the support from the general public can be more difficult, which can consequently decrease the chances of successful passage in Congress. In contrast, circumstantial constraints frequently occur outside the political context. Recent examples include the 9/11 terrorist attacks and the economic crisis of 2008. It is often the case that these events transcend political time, in that their impact on both existing societal and cultural norms and government policy is more profound and longer lasting than the term of an individual president, or even a single regime cycle.

Ultimately therefore, political time, where time relates to the trajectory of political development, is used as a differentiating "mechanism" to assess presidents as "agents of change" (Skowronek 1995b:518). Their ability to effect change depends on their relationship to, and place in, the existing cyclical regime; however, since the length of each cycle differs as does a president's relationship to it, political time is "probabilistic" (Nichols and Myers 2010:810), rather than deterministic (Arnold 1995; Hoekstra 1999a) because there "is no fixed interval of time" for each stage of the cycle. Despite recurring patterns and common typological labels, different regimes are never identical as presidents both effect and affect change in unintended ways. Although each regime does follow a broadly deterministic sequence, beginning with (re)construction and ending with breakdown (disjunction), it is not completely deterministic in its different stages. Thus, it remains possible to argue that the patterns of leadership are recurring (not emergent) because the regime cycle progresses through the same stages each time, it is only the speed of recurrence that is different, manifested in the number of affiliated and pre-emptive leaders that operate within a given cycle.

iii) Political Order

The concept of political order is intrinsically connected to the study of institutions. The concept of political order has been defined as “a constellation of rules, institutions, practice and ideas that hang together over time, a bundle of patterns...exhibiting coherence and predictability while other things change around them” (Orren and Skowronek 2004:14-15). Consequently, understanding how the change wrought by the institutionalisation or breakdown of a political order can constrain or facilitate a president’s ability to pursue his political agenda and implement his desired reform, acts as a way of connecting the past and present to identify and compare patterns of change over time.

Given the contextual nature of presidential elections and the often conflicting ideas, ideologies and agendas of different incumbents, political change can be uneven, which limits the potential for the clear and easy periodisation of politics (Orren and Skowronek 1995:320). Thus, the notion of “multiple orders” as identified by Skowronek better reflects the reality of the institutional development of the American presidency rather than a singular chronological order. Some historical institutionalists view political orders as “circumstantial,” something that can be manipulated by political agents to serve their ideological interests and goals. In view of this argument, Plotke (1996:374) provides an important perspective when he states “presidential leadership and constitutional change are crucial elements of building a political order, but not its defining moments.” The president is only one part of the creation and maintenance of a political order. It seems that in using the concept of political order as a periodising tool, Skowronek would agree with this assessment. The president does not act in isolation in political time; on the contrary, presidents are inherently constrained by the existing political structure in which they find themselves and in order to achieve change they must interact with exogenous actors who are also part of the political order. The construction of a new political order therefore requires cultivating relationships between many different political agents operating at multiple levels within political time in addition to effective manipulation of favourable circumstances.

In contrast, political order can also be an essentially fixed concept that has authority over those that operate within its boundaries so as to resolve interest conflicts and produce optimal outcomes (Orren and Skowronek 2004:92); even in this interpretation however, political order is constantly changing, if only incrementally. Ultimately, the creation and breakdown of political orders depends on the coalescence of a variety of factors, both structural and agent-centred, which

only reinforces the complexity of the environment in which the president must operate and the many constraints he faces as an agent of change.

In Skowronek's interpretation, order is a political-institutional concept that connects presidents in both political time and secular time across history. Skowronek uses political order as a tool to understand the structure of and changes in political time. Presidents are guided in their action by a desire to "make," that is to bring about "the politics of regime change" (Young 1995:512). The concept of political order allows Skowronek to distinguish between different chronological time periods and different "regimes" over the course of American political development, where regime is defined as "commitments of ideology and interest embodied in pre-existing institutional arrangements" (Skowronek 1993:34). Thus, a regime is constituted by the combination of institutions, interests and ideas that all interact within the larger political order that shapes American political development. Skowronek uses order and regime to describe the same concept, although there is some disagreement in the literature regarding the use of the words "order" and "regime." In contrast to some historical institutional scholars,¹³ in Skowronek's theory, political order provides the parameters for endogenous presidential action and exogenous presidential interaction with the larger American polity.

Skowronek (1986:292) views the presidency as an "institution mediated by the generation and degeneration of political orders." In terms of specifying the relationship between order and change, the presidency as an institution contains an inbuilt bias towards order-affirming, yet on an empirical level, the president is predisposed towards order-shattering and order-creating, which reinforces the essential paradox between order and change. The president is necessarily an agent of change, but he must operate within an institution that is simultaneously *order-affirming*, *order-shattering* and *order-creating*. Skowronek discusses the tension in the following way, concluding that, in order to be successful, a president must reconcile these inherent tensions in the way he exercises power and claims authority (Skowronek 1993:20-21):

The presidency is an *order-shattering* institution in that it prompts each incumbent to take charge of the independent powers of his office and exercise them in his own right. It is an *order-affirming* institution in that the disruptive effects of the exercise of presidential power must be justified in constitutional terms broadly construed as the protection, preservation, and defense of the values emblematic of the body politic. It is an *order-creating* institution in that it prompts each incumbent to use his powers to construct

¹³ The contrast is with those scholars whose research is defined by the search for "ordering mechanisms" in American politics over time. See Orren and Skowronek (2004:87-96).

some new political arrangements that can stand the test of legitimacy within the other institution of government as well as the nation at large.

Moreover, to maintain control of his own agenda as well as his legacy, “a president must be able to exercise power in such a way that these order-shattering, order-affirming, order-creating impulses operate in tandem” (Skowronek 1993:20-21). Consequently, political order and more specifically changes in that order at a given time enable Skowronek to “generalize about the politics presidents make” (Ibid.:20), which is in essence the purpose of his theory. In aiming for generalisability, his interpretation of how political change occurs is bound up in the structural constraints of institutions, such that political change is viewed “as a transition between institutionalized orders” (Orren and Skowronek 1995:302).

iv) Regime Cycle

The notion of a regime cycle is employed as the theoretical foundation of Skowronek’s alternative periodisation of presidential history that constitutes the core of the political time theory. The regime, defined as “the particular configuration of institutions, interests, and ideas that organizes politics and policymaking during a given era” (Lieberman 2000:275) is the driving force in political time. A president is defined in relation to it and his ability to transform it depends on the legitimacy of the existing order and its consequent vulnerability or resilience. It is an attempt to “periodize political development and specify relations among political processes” (Plotke 1996:59). The general “regime” is not limited to political processes however, but also includes political groups and individuals that are part of the American polity as a whole. Noting that “opportunities for reform are dependent on the place of presidents within durable coalitions of activists, interest groups, and congressional partisans that can push back relentlessly against established policies over the long term,” Hacker and Pierson (2012:116) allude to the complexity of the regime created by Skowronek, although his own discussion of the features of the regime is more abstract (Nichols and Myers 2010). Similarly, Tulis (2000:268) interprets Skowronek’s “regimes” as “partisan coalitions,” which suggests that a regime is marked by fluctuating political relationships of the main parties as well as between the president and Congress, something especially pertinent during periods of divided government. Although Skowronek’s discussion neglects this complexity, which emanates from the greater awareness of other scholars of the exogenous participants in political time and thus the larger range of political agents with the potential to influence the regime it is clear that a regime includes activists, partisans and interest

groups, all with different and often conflicting agendas. Further, it is also evident that the structural components of the regime manifested through institutionalised constraints must interact with the agent-centred ideas and ideologies of all individuals within the regime for change to occur and for the regime to move from resilient to vulnerable as it does in political time.

Finally, change constitutes a turn along Skowronek's hypothesised regime cycle in political time. Consequently, Skowronek is concerned with change that occurs at the macro level, even if this is incremental, making change along the cycle minimal. Indeed, the back and forth that occurs between affiliated and pre-emptive leaders within a given cycle suggests that incremental change dominates the midpoint of a cycle, while it is marked by much more significant change both when it is first (re)constructed and then during the disjunctive (breakdown) phase at the end of the regime.

v) Power and Authority

Skowronek's discussion of power and authority provides the context for his regime theory and his construction of political time. For Skowronek, "power...refers to resources, formal and informal, that presidents in a given period have at their disposal to get things done" (2011:18); while "authority...reaches to the expectations that surround the exercise of power at a particular moment, to perceptions of what is appropriate for a given president to do" (Ibid.).

The distinction between power and authority shapes presidential behaviour and determines leadership. While power is institutional, given to the president in the constitution, enabling him to lead, authority is political and as such affects the *type* of leadership behaviour. The distinction is one of tangibility. Both power and authority are informal resources at the president's disposal; however, authority and the president's claim to it, depends on a larger range of actors, both within and outside the executive branch making it less easily quantifiable and less easily controlled by the president. As Howell (2003:11-12) notes, "ultimately, the president is dependent on Congress to delegate authority." In essence, Congress has more control than the president in determining the outcome of the president's exercise of his institutional powers, which comes back to Neustadt's "power to persuade," where if the president is successful he is then much more likely to be able to claim authority to validate his actions. Unlike Neustadt however, Skowronek's contention is that there is a different balance between structure and agency and that presidents "often have more independent, personal impact on politics writ large than Neustadt recognizes" (Peterson 2000:370).

Discussing the relationship between power and authority, Jones (1994:281) argues that the difference between them lies in the separated system of American government. While the president “is authorized to shape the presidency...a president should not assume a position of power as though it conveyed authority.” Consequently, the relationship between the two concepts is sequential in that, as Neustadt indicated, a president must essentially turn his power into authority by gaining political support for his ideological agenda, which will in turn give the president greater control over the outcome in that he can “justify action and secure the legitimacy of the changes effected” (Skowronek 1993:18). In political time, authority relates to control in that it enables a president to shape the office in the way he intends; without it, the office will be shaped by exogenous factors beyond the direct control of the president. Thus, *authority* has a greater impact on the politics of leadership (Tulis 2000:267; Skowronek 1993:24; 2011:9-11) since it conditions “how the exercise of presidential power will be perceived and interpreted politically” (Skowronek 2010:10). Nevertheless, the institutional power a president has must be balanced against the authority he must earn (Jones 1994:3-4) in a way that allows him to overcome the “everyday problems of presidential power” (Lieberman 2000:303) that necessitate interaction and compromise with a variety of interests within the separated system. At the same time, he must secure warrants of authority to repudiate the existing arrangements so that he can legitimise and safeguard his own place in the system. Therefore, a president can simultaneously have constitutionally-afforded power but lack the authority to exercise that given power in the way he desires. Equally importantly, a president can successfully gain authority through achieving the necessary support for his agenda, but fail to legitimise his actions, especially if he is perceived to have overstepped the boundaries of his constitutional power by both his political adversaries, who have the power to constrain his action, and the population as a whole, who can withdraw their support by not voting for his re-election.

For Skowronek, power, authority and legitimacy are closely related. Not only for understanding presidential power, which he defines as “an effort to resolve the disruptive consequences of executive action in the reproduction of legitimate political order,” but also to recognising what he calls the “leadership problem” (1993:19). Although Skowronek does not provide a definitive definition of legitimacy, discussing the somewhat vaguer notion of a “legitimation problem,” legitimacy refers to the acceptance by a majority of the population of a particular presidential action or policy, which enables that policy to become entrenched over time.

This was the case with the introduction of Social Security during the administration of Franklin Roosevelt in the 1930s, controversial at the time, but now, decades later, widely accepted by politicians of both parties and the American public. Indeed, “the context-bound struggle for legitimacy informs the president’s strategy for the exercise of his power” (Ibid.). Failure to legitimise his actions leaves the president vulnerable to losing his authority, which in turn makes him vulnerable to having the exercise of his power negated or undermined. Authority enables him to take the action he wishes, but legitimacy increases the probability that that action will continue to be perceived in the way he desires once he has left office, which allows the president to control his own legacy. Since the president has no control over the political agenda once he has left office securing legitimacy while in office is crucial for ensuring that reform is approved and accepted over the longer term. Thus, legitimacy effectively acts as the final step for the president, in which if he is able to ensure acceptance of the effected changes significantly increases the probability that they will become entrenched. Moreover, if the president can successfully secure legitimacy while in office he is able to considerably decrease and even attempt to overcome “the problems of historical legitimization” that are an inevitable consequence of disrupting the *status quo* (Ibid.).

Adding to Jones’s systemic explanation for the difference between presidential power and authority, Howell’s (2003:1-23) discussion of unilateral action serves as a valuable addition to the distinction Skowronek makes between power and authority in suggesting a way a president can compensate for his lack of authority. Unilateral action allows the president to remove other actors, notably Congress, from the legislative process, especially through his use of executive orders, signing statements and national security directives. Exercising power in this way gives the president a large amount of control, and in this case authority, over the outcome of his actions as the other branches of government can oppose it, but have little recourse to overturn or change it.¹⁴ Congress could reverse the impact of unilateral action by beginning impeachment proceedings against the president, which history reveals appears highly unlikely.¹⁵

In addition, as previously indicated by Skowronek’s interpretation of these concepts, power and authority affect leadership behaviour; they not only affect the type of leadership in which a

¹⁴ Howell’s discussion of Bush’s actions following 9/11 where he greatly expanded executive power exemplifies this point, especially as Congress supported or acquiesced to many of these actions.

¹⁵ To date there have been only three attempts to remove a president through impeachment, Andrew Johnson (1868), Richard Nixon (1974) and Bill Clinton (1999). Nixon resigned before the vote to secure impeachment could take place in the House. While Johnson and Clinton were impeached, both were acquitted in subsequent trials.

president can engage, but authority also increases the probability that he can legitimise his actions. Successful leadership depends on “opportunity, capability, resources” (Jones 1994:3), which a president must create through action and interaction with groups both within and outside the executive. In essence, success depends on his ability to use his position of power to create opportunity and gain resources that will give him the authority to control his political agenda and achieve his policy objectives in such a way that he is then able to legitimise those objectives.

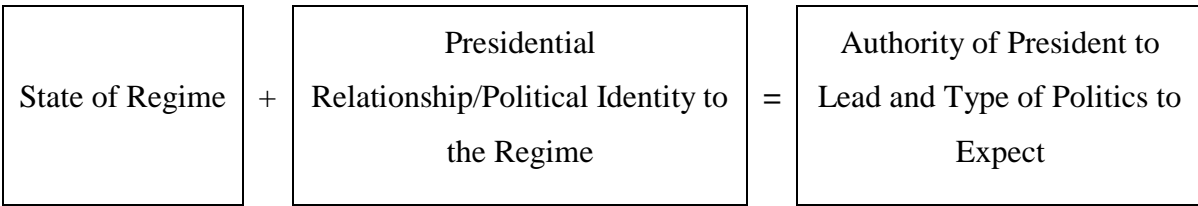
Section III. Deriving the Cycles of Presidential Political Time

i) Explaining Leadership Behaviour: Recurrent Structures of Political Authority

“Each regime begins with the rise to power of a new political coalition that is able to construct and legitimize a particular set of governing arrangements.” Once entrenched the regime is weakened by “problems in the nation at large that throw into question the dominant coalition’s most basic commitments of ideology and interest” (Skowronek 1986:293). Thus, the question is: at what point does the regime exhibit those characteristics that represent each separate stage and how does it affect presidential leadership? In an attempt to answer this question, Skowronek maintains that “situating presidents in political time provides a truer measure of the way our political system works and how our leaders interact with it” (Skowronek 2011:78); hence the need to further specify the type of leadership we should expect the president to demonstrate depending on, and in response to where he falls in the cycle.

Therefore, political time is inherently related not only to presidential leadership in the abstract, but to four recurring types of leadership, which depend on two cross-cutting considerations. First, “whether the president comes to power politically affiliated with or opposed to the dominant ideological and programmatic commitments of the era” and second, the “state of the regime’s commitments at the time of the president’s rise to power” (Ibid.:85). These concepts – the state of the regime: *vulnerable* or *resilient* and the president’s position relative to that regime: *affiliated* or *opposed* – are crucial to understanding a president’s place in political time and therefore the type of leadership behaviour to expect. Using this information, we can determine certain established criteria for the status of the regime and for each of the respective categories.

Collectively these categories constitute Skowronek’s leadership typology, which can be expressed using the following mechanism:



The combination of the regime commitments and the incumbent's political identity can be explained using the following table. The table shows when put together these categories produce four possible combinations that each relate to a different expected leadership behaviour.

		Incumbent's Political Identity (Relationship to the Regime Party)	
		<i>Affiliated</i>	<i>Opposed</i>
Regime Commitments	<i>Vulnerable</i>	Politics of Disjunction	Politics of Reconstruction
	<i>Resilient</i>	Politics of Articulation	Politics of Preemption

Table 1: Recurrent Structures of Political Authority (Skowronek 1986:294; 1993:36; 2011:85)

The first component that defines a president's place in political time is the status of the regime: vulnerable or resilient.

The Status of the Regime: Vulnerable

At a stage of vulnerability, the regime should exhibit the following characteristics:

- The pre-existing institutional arrangements that define the functioning of government should be fragile, which afford the president the opportunity to make changes that are consistent with his ideological agenda and could lead to reconstruction.
- The received commitments of ideology and interest should be weakened such that a president is in a position to exercise power and claim authority to replace these

commitments as they have “become open to attack as failed and irrelevant responses to the nation’s problems” (Skowronek 1993:36), tantamount to regime reconstruction.

The Status of the Regime: Resilient

At a stage of resilience, the regime should exhibit the following characteristics:

- The pre-existing institutional arrangements that define the functioning of government should be entrenched such that it is difficult for a president to make substantial changes in the organisation or practical functioning of governmental operations (Ibid.:10).
- The received commitments of ideology and interest should be strong such that a president finds it difficult to exercise power and claim authority to replace these commitments because they are still viewed as credible by a majority. Consequently, the president should be limited in his ability to offer an alternative, and in fact he must accept and build upon the existing commitments, as in the case of an affiliated leader, or in the case of a pre-emptive leader, must pursue an agenda to change them. He must recognise that this change will necessarily be limited by their entrenchment, manifested through support from individuals within the other governing institutions as well as other politically-engaged groups.

The second component that defines a president’s place in political time is his relationship to the regime: affiliated or opposed.

A President’s Relationship to the Regime: Affiliated

When a president comes to power “affiliated with its basic commitments” (Ibid.:35), he should display the following characteristics in terms of political action:

- His leadership project should be one of “completion.” He should want to “continue, perhaps to complete” the work of his predecessor.
- As a result of his position of continuation relative to the received commitments, the affiliated leader “has more difficulty maintaining warrants for choices he makes and the priorities he sets for himself” (Ibid.).

A President's Relationship to the Regime: Opposed

When a president comes to power “from the opposition to the pre-established regime” (Ibid.), he should display the following characteristics:

- His leadership project should be one of “repudiation.” He should want to “challenge the received agenda, perhaps to displace it completely with another” (Ibid.).
- The opposition leader assumes power “with a measure of independence from established commitments and can more easily justify the disruptions that attend the exercise of power” (Ibid.).

The combination of the status of the regime and the president's relationship to that regime produces the following four possible dimensions that each relate to a different expected leadership behaviour and can be explained in the following way:

Politics of Reconstruction

In the context of the president's relationship to power and authority and order and change, at this stage of the regime cycle we should expect the following circumstances to exist and consequently for the president to behave in the following way:

- The regime is vulnerable, in a state of breakdown. The president should come to office at a moment when the accepted political order is decaying, “political resistance to the presidency is weakest” (Ibid.:37) and there exists a “widespread perception of systemic political collapse” (Skowronek 2011:94). If these conditions are present then the regime is open to fundamental change, not only institutionally, but in the underlying values and norms that define and shape society.
- Consequently, the president should exercise his power in such a way as to convince the nation that fundamental change is necessary; essentially that the existing commitments of ideology and interest are obsolete (Skowronek 1993:37).
- The president should possess the authority to repudiate the existing regime in a way that is consistent with his own definition of political action at the moment at hand (Ibid.:27).

- The president is not necessarily concerned with resolving problems of the old regime, but rather proposing a new approach/different policies that are consistent with their attempts to replace the previous disjunctive regime.
- For effective reconstruction to occur, the president should have the ability to simultaneously exercise power and claim authority to reject the existing, fragmented regime. To this end, regime transformation should involve aligning the order-shattering and order-affirming capacities of the presidency and there the exercise of power affirms traditional values within the context of the reconstructive project (Skowronek 2011:95).
- “The natural dovetailing of partybuilding efforts with efforts at institutional construction is a distinctive mark of this leadership situation” (Skowronek 1986:296).

There are three important points to note with reference to the expected behaviour of a reconstructive president. First, it is likely that the majority of presidents will begin with reconstructive ambitions; thus the opportunity for reconstruction must be assessed within the context of the strength of both the pre-existing institutional arrangements and the received commitments of ideology and interest.¹⁶ Second, it is possible, as Skowronek (1993:30) notes, to achieve reconstruction by fundamentally changing either the existing governing arrangements or the commitments of ideology and interest, while leaving the other unchanged. Skowronek argues that while Lincoln reconstructed the received political commitments, “he did not change the patronage-based, partisan mode of governmental operations that had organized institutional politics since the time of Jackson.” In contrast, Theodore Roosevelt, in fundamentally changing the existing institutional arrangements, “aimed at preserving commitments of ideology and interest long established by the dominant Republican coalition.” Finally, changes that have occurred to the American presidency in secular time have made reconstruction increasingly difficult to achieve because the authority to repudiate change has diminished as a result of the “institutional thickening on the politics of leadership” (Ibid.:31), which has created a bias towards incremental change. Thus, Skowronek argues that the most recent reconstruction achieved by Ronald Reagan was

¹⁶ It is important to note that an orthodox-innovator, a leader affiliated with the existing regime, is the least likely to portray reconstructive ambitions upon taking office, as both George H.W. Bush and John Major demonstrate in the context of health care reform. Moreover, beginning with such ambitions would seem to be in direct contrast to the expected leadership behaviour of individuals in this category.

“more rhetorical than institutional” (Ibid.:32). Consequently, the changes that he made to the received political commitments were much more limited than his reconstructive predecessors.

Politics of Articulation

In the context of the president’s relationship to power and authority and order and change, at this stage of the regime cycle we should expect the following circumstances to exist and consequently for the president to behave in the following way:

- The regime is resilient, in a state of entrenchment. The level of resilience will affect how the president perceives his duty to represent the existing regime. In Skowronek’s words, “the more resilient received commitments are, the more authoritative the affiliated leader will be in his determination to continue or complete the work” (Ibid.:36).
- For presidents (orthodox-innovators) in this category, “the opportunity for the exercise of political leadership lies in moving forward on the outstanding political commitments on the regime’s agenda and in prodding the establishment to adjust to changing times” (Skowronek 1986:299).
- The president should be committed to the preservation of the existing regime and want to continue its course “at a higher level of achievement” (Skowronek 1993:26). Moreover, “the object of the politics of articulation is to fit the existing parts of the regime together in a new and more relevant way” (Ibid.:41). It is a “leadership project of culmination and completion” (Skowronek 1986:300), thus their authorisation for action is “wholly affirmative” (Skowronek 2011:101).
- The president will confront the inherent challenge of articulation in tackling the conflict between his mandated authority to continue the existing regime and the exercise of his *de facto* powers that necessarily produce change. This tension between his association with the established regime and the independent exercise of his power should make it difficult for him to maintain control of his agenda as well as controlling the outcomes of his actions (Ibid.:103).
- Struggling for control of the agenda, the challenge to presidents in this leadership situation is to “mitigate and manage the factional ruptures within the ranks of the traditional supporters that inevitably accompany any new specifications of regime purposes”

(Skowronek 1986:299). The inability to manage these conflicts makes disruption “debilitating,” causing the president to become “increasingly isolated and ultimately discredited by their own ostensible allies” (Skowronek 2011:101).

- Affiliated presidents will face a wider range of constraints to successful leadership given that they are driven by the need to continue and strengthen the existing regime. Consequently, orthodox-innovators are more likely to look to the foreign policy arena to successfully exercise their power (Ibid.).

Politics of Pre-emption

In the context of the president’s relationship to power and authority and order and change, at this stage of the regime cycle we should expect the following circumstances to exist and consequently for the president to behave in the following way:

- The regime is resilient, in a state of entrenchment. Like the affiliated leader, the level of resilience will affect a president’s ability to effectively oppose the existing regime. In short, the more resilient the regime is, the more difficult it will be for a president to “reverse course and challenge basic governing arrangements” (Skowronek 1993:36).
- The authority of a pre-emptive president to reject the existing regime will be “manifestly limited by the political, institutional and ideological supports that the old establishment maintains” (Ibid.:43), making leadership politics “especially volatile” (Skowronek 1986:298).
- In order to claim authority to depart from the pre-existing institutional and ideological arrangements and gain legitimacy for his actions, the president will attempt to “pre-empt the received agenda by playing upon the political divisions within the establishment by aggravating interest cleavages and factional discontent” (Crockett 2002:18) in the hope of undermining the resilience of the existing regime and thereby gaining support for his own agenda.
- Pre-emptive presidents will aim to achieve reconstructive change “absent reconstructive circumstance”; it is their hope to “challenge the received agenda (Skowronek 1993:35). In other words, they will lack the authority to effectively achieve fundamental change, but

they will pursue an activist programme and exercise their power in a way that is hopeful of achieving such change.

- Pre-emptive leaders will be defined by both their “independence from the stalwart opposition as well as the orthodox establishment” (Ibid.:44). As a pre-emptive leader, the president must recognise the constraints on his political action and in doing so effectively balance those who represent the existing regime with those who want radical change.
- Therefore, to achieve successful leadership in pre-empting the existing regime, while also retaining a certain degree of independence, “the president will simultaneously have to maintain the support of the stalwart opposition, avoid a direct attack on regime orthodoxy.” In addition, disaffected interests normally associated with the dominant coalition will attempt to alter the regime’s agenda to something that they will find more attractive (Skowronek 1986:298).
- Pre-emptive leaders will be most successful when they “play at the margins of change and leave their core commitments ambiguous” (Skowronek 2011:110).
- The personality, character and conduct of a pre-emptive leader will have a larger impact on his behaviour than leaders in other categories, especially in terms of how he is viewed by supporters of the resilient regime and the extent to which he is able to use these to his advantage to overcome the institutional barriers he encounters (Ibid.).
- Ultimately, “hyphenated party labels, hybrid agendas, personal leadership, independent appeals” are all hallmarks of pre-emptive leadership (Ibid.:107). In terms of behaviour, these leaders are “ideologically detached, highly personalized and aggressively independent” (Ibid.:113).

Politics of Disjunction

In the context of the president’s relationship to power and authority and order and change, at this stage of the regime cycle we should expect the following circumstances to exist and consequently for the president to behave in the following way:

- The regime is vulnerable, in a state of breakdown. The president should come to office when the existing regime is beginning to fragment, which essentially represents “an

impossible leadership situation...when its basic commitments of ideology and interest were being called into question” (Skowronek 1986:296).

- Nevertheless, despite the regime being at a stage of breakdown, in struggling to gain control, the president will disrupt the *status quo* as much as presidents at different points in the regime cycle (Skowronek 1993:15).
- In his desire to maintain control of his political actions, the president will attempt to move away from the centre of the fragmenting regime in terms of the change he hopes to enact. Since he lacks the authority to do this successfully however, he will ultimately increase the regime’s instability, causing eventual breakdown.
- The president will have less authority than presidents in the other groups. He will lack the necessary authority to overcome the legitimation problem in the effective exercising of his power. His authority to control his own agenda and the outcomes of his action are essentially non-existent and he is unable to establish any credibility (Ibid.:39). Consequently, he is viewed as a representative of the “failure of the entire regime” and isolation from his political allies undermines his power and removes any warrants to political authority (Skowronek 1986:297).
- Lacking in political authority, “leadership is reduced to mere problem-solving,” (Ibid.) thus the president relies on the “reification of technique as the central justification for political action” (Skowronek 1993:40) and as a way of ensuring that he can effectively exercise his political power.
- In terms of their character, disjunctive presidents are more likely to lack political skill and be labelled “incompetent” (Skowronek 2011:89-90).

ii) Explaining the Leadership Categories and Discussing their Importance

It is necessary to further specify these leadership types within the regime as a way of beginning to understand how these concepts operate empirically. Without the regime to provide the parameters in which presidents relate to each other and establish their place in political time, it would be impossible to specify behaviour and identify patterns. The continuity of the regime that recurs across presidential history enables meaningful comparison and thus generalisations about the shared political and institutional circumstances faced by presidents separated by large time spans. In terms of its characteristics, the regime represents “the linkage between individual presidents,

their political parties and the parties' governing philosophies" (Crockett 2002:33). Regimes themselves are "relatively stable" (Lieberman 2000:275), alternating between two different states, vulnerable and resilient, although the extent to which regimes embody each of these states can change over the course of a president's time in office as this is affected by both changes in political time and exogenous circumstances beyond the president's control.

These regime characteristics are directly linked to the different leadership types (see Table 1) because the president is situated at a certain point in the cycle and his actions are not independent from it. Specifying leadership types enables us to also specify criteria regarding the expected behaviour of each similarly categorised president. It is possible for example to determine how a pre-emptive president will act relative to his pre-existing institutional environment. This expected behaviour is manifested in the stated objectives and policy agenda of a given president, which he will pursue within the boundaries of his place in political time. As such, it is likely that a pre-emptive president will advance an agenda that is ideologically opposed to the existing regime, which places him in a position of pushing the boundaries that constrain his action. Consequently, a pre-emptive president is more likely to encounter hostile institutions, therefore it would seem that the probability of divided government is higher during periods of pre-emption. This reflects the tension between existing support for the current regime and an opposition president. Indeed, three twentieth century pre-emptive presidents (Eisenhower, Nixon and Clinton) each had six years of divided government. Similarly, it is likely that affiliated presidents will attempt to advance a less ambitious agenda, given that they have been elected on a mandate of continuation, hence they will be reluctant to move too far away from the policies and established formulas of their predecessors, wanting to disrupt the *status quo* as little as possible. In contrast to pre-emptive presidents, affiliated leaders are less likely to experience divided government.

Finally, the president's agenda not only shapes the trajectory of action, but also the potential success, again mitigated by the existing institutional arrangements, which are manifested in the support he garners for his political objectives and his willingness to compromise to achieve his optimal outcome. Ultimately then, these leadership types give meaning to political time because they determine the sort of politics a president can "make."¹⁷ Moreover, taken together

¹⁷ Skowronek (1986:294) does note however that the table represents "pure types that are only more or less closely approximated in history."

these categories also suggest the type of political leadership that can be achieved within the existing regime and thus the type of behaviour the president should engage in.

Section IV. Theoretical Elaboration and Analysis of Skowronek's Theory

Part 1. Institutions, Ideology and Interests in the Functioning of the Regime

This discussion not only expands upon the key concepts discussed in the second section, it suggests how these interact with and are affected by institutions, ideology and interests because within the regime cycle, political orders are shaped by the consistent interaction of institutions, ideology and interests. Together these concepts form the basis of the theory and constitute the empirical components that determine how the regime cycle operates. Each is embedded within Skowronek's structural conceptualisation of the presidency; they constitute the "past" that a president attempts to repudiate (Skowronek 1986:302). The interactions and changes between institutions, ideology and interests, whether endogenous or exogenous, define a president's place in political time, by producing either a vulnerable or resilient regime, which in turn affects a president's relationship to the regime, his political identity. In shaping a president's identity, institutions, ideology and interests also shape his leadership behaviour and the degree of political change he can achieve.

i) Institutions

a) Locating Institutions within American Political Development

APD scholars "seek knowledge on how government changes over time; they are interested in specifying the processes by which political innovations are negotiated and new political relationships generated" (Orren and Skowronek 2002:722), thus the study of institutions dominates current APD research (Ibid.:737). Institutions are assumed to have certain attributes: they have *purposes*, they establish *norms and rules*, they assign *roles*, which condition behaviour and finally, they operate within *boundaries* (Orren and Skowronek 2004:82).

In essence, institutions are formal structures that are larger than both their organisational functions and the ideas that operate within them. Institutions also have the ability to define state-society relations that are in turn bigger than the institution itself (Ibid.:83). As such, "institutions register order; they are important mechanisms through which individuals coordinate their actions and expectations" (Ibid.:79). In addition to identifying these attributes that are shared by all

institutions, the authors differentiate between institutions-in-politics and *political institutions* (Ibid.:82). The crucial difference here is that political institutions assert control over individuals' behaviour both within and outside their boundaries. In this context, government institutions are especially important because they have the power to create rules for society and to ensure those rules are followed, which in APD places "government institutions center stage in the institutional analysis of politics" (Ibid.:84). Simply put, APD scholars are guided by the question: "how do institutions construct politics – how do they shape action, conflict, order, change and meaning, and how does this affect the temporal processes of governance" (Orren and Skowronek 2002:737).

b) The Presidency as an Institution in Political Time

Skowronek grounds his discussion and conceptualisation of the presidency as an institution and its impact on leadership efforts in the historical variant of the "new institutionalist" literature. His starting point is the notion that "institutions are characterized by conflicts and intersections of rules and that these are frequently rooted in history" (Orren and Skowronek 1995:309). Institutions themselves "make history by the routine engagement of the tensions and contradictions among their various ordering principles and by their bending and reshaping of each other into patterns of change in time. Layers, not systems; dissonance, not fit; conjunctures, not regularities: These are the points of entry to a genuinely "new" institutionalism (Ibid.:317). A different conceptualisation of historical temporal processes is important, because such a conceptualisation enables a broader perspective than other forms of institutional theory and presents a challenge to the idea that institutions necessarily create rules and perpetuate order that is entirely consistent with the APD research agenda.

Using this institutional context and determining how a president should behave relative to his pre-existing institutional environment, Skowronek applies the same question of concern to APD scholars (how do institutions construct politics), to his examination of the historical development of the presidency: how does the presidency as an institution construct the politics a president can "make?" More specifically, how does the presidency shape the action and behaviour of the president, and in what ways does the institutional context of the presidency affect the exercise of his power, his claims to authority, the scope of change he can achieve and ultimately the type of leadership in which he can engage? To answer these questions, Skowronek begins by accepting two assumptions. First, the "near universal identification" that institutions contain inherent "ordering mechanisms" (Skowronek 1995:93; Orren and Skowronek 1995:306) and

second, “institutions structure change in time” (Ibid.:307). The presidency then becomes an important mechanism “through which individuals coordinate their actions and expectations” (Orren and Skowronek 2004:79) alongside the other mechanisms of government within the separated system.

In political time, the way in which institutions produce order is conceived differently in comparison to secular time. Skowronek does not directly argue that stable politics does not exist since he recognises that the presidency is an order-affirming institution. Rather, he contends that institutional changes to “normal politics” are more subtle, nuanced and incremental than may be initially obvious if the presidency is viewed along traditional-modern dichotomous lines. The multiple orders that operate simultaneously within the presidency are consistently changing, thus “once we disaggregate the different ordering principles and sort through the different time lines of change we can analyze each leadership experience along its several dimensions and, by comparing them, show how the political impact of institutional action is reshaped at each unique juncture” (Orren and Skowronek 1995:312). This disaggregation is precisely what Skowronek attempts to achieve in creating his regime theory.

ii) Ideology

a) Contextualising Ideology within the Political Sphere

The lack of consideration of ideology within both historical institutionalism and APD (Orren and Skowronek 2004) makes it necessary to contextualise the concept within reference to the larger political sphere.

At the most basic level, “ideology is a mode of thinking about politics.” (Freedman 2003a:67). It is “a political tool situated firmly within the political domain (Ibid.:70).” Thus, a political ideology has both broad and more specific definitions; it can be viewed in terms of its “internal organization” that is its concepts and signifiers or its “external manifestations” that is its arguments (Finlayson 2013:199). Both these interpretations are helpful in understanding ideology’s place in and impact on the political world, although it is the external manifestations that have the greatest effect on individuals and groups within a given society. Externally therefore, an ideology “presents...a broad range of views which cover central aspects of how society should be organised, answering such questions as what the role of the state should be, what forms of difference or differentiation between people should be accepted, and which rejected. In the widest

possible sense an ideology thus offer answers to the question of what kind of society is desirable.” (Schwarzmantel: 2008:25).

More specifically, ideology “focuses on the world of ideas and symbols through which political actors find their way and comprehend their social surroundings. It informs their practices and institutions and it establishes the parameters of their moral prescriptions and expectations” (Freeden 2003a:123). It is this more specific definition that is useful in terms of understanding how ideology affects the choices leaders make and how they exercise their power in pursuit of particular goals. The claim that ideology informs practices and institutions is particularly significant in terms of giving ideology, as a set of ideas, the ability to shape institutions rather than just be shaped by them, which in turn makes ideology as potentially enabling or limiting as pre-existing institutional arrangements. This argument clearly indicates that Skowronek should have given more consideration to ideology, not only to defining the concept, but also to considering its potential impact on political action and outcomes of the individual leaders.

Equally important however, is the notion that historically ideologies “constituted a set of ideas critical of the existing order seen as defective in the light of the ideal endorsed by the particular ideology in question. Ideologies are therefore projects, or at least encapsulate practical projects which give rise to political strategies and tactics, models of political action which seek to transform the real world” (Schwarzmantel 2008:26). The practical element within this description of ideology is crucial in terms of effectively extending Skowronek’s theory and applying it to a policy-specific context, in which a leader can embody an ideology or particular programme as well as using it as a way to gain support and legitimise their action.

Significantly, these interpretations of ideology can conceivably fit within Skowronek’s primarily structural explanation of the institutional development of the presidency. The internal element of ideology as a concept is inherently related to a particular historical context, to ideology’s “trajectory, development, and change” (Finlayson 2013:198; see also Freedon 1996; 2005). Thus, accepting this interpretation of ideology, as both internal and external, not only makes it possible to see how it can become embedded within the regime, but how changes in ideology over time affect the scope of political action in the future, in the same way that Skowronek argues institutional development either constrains or facilitates change.

b) Ideology in Political Time

By consistently focusing on the constraining nature of institutions, Skowronek (2011:18) interprets ideology, the expressed personal and political preferences of respective presidents, as “received commitments.” By embedding ideology within the political-institutional environment Skowronek suggests that the impact of ideology is conditioned by the institutional context and therefore cannot have an independent impact on political action or policy outcomes. Although his discussion of ideology is bound up in that of ideas, he makes no clear differentiation between the two, thus it seems reasonable to assume that when he mentions ideas what he is in fact referring to is closer to ideology as defined in the previous section. While ideas and ideology are both overarching concepts with multiple meanings, the lack of discussion of either of these by Skowronek suggests that neither is considered particularly important. Nevertheless, although he does not provide a concrete definition, interpreting ideology as a “received commitment” (something which also lacks a clear definition) suggests that this concept is more tractable than ideas, which seems to be something larger and more nebulous. Moreover, if Hoekstra (1999a:667) is correct in his claim that “prior ideology might be more likely to guide...large-scale policy changes,” it necessary to understand how ideology is embedded within institutions to determine the extent to which they influence presidential action, and whether this can be positive as well as negative, constraining as well as enabling. If this criticism is accepted, then ideology needs to be given much greater consideration as a force for change than Skowronek recognises. Ideology has the potential to increase or decrease the impact of the leader as an agent of change and affect how they choose to exercise their power relative to their institutional constraints.

iii) Interests

a) Locating Interests within Historical Institutionalism and American Political Development

The concept of “interest mediation” is identified by Orren and Skowronek (2002:737) as one of three aspects of institutional research within APD.¹⁸ It is the “most familiar” explanation for the ways governing institutions construct politics by acting as interest mediators. In a separated system of government, there are a multitude of conflicting and competing interests at any given time. Each institution as well as the individuals within them must balance those interests, while also respecting

¹⁸The other two aspects are policy selection and feedback and intercurrency.

the historical context and the institutional environment in which they operate. In playing a mediating role, the initial assumption is that governing institutions produce and maintain order, thus conflicting interests should not be allowed to disrupt the *status quo*. Determining how different interests affect the order(ing) capacities of institutions requires identifying mechanisms “through which order has been created and sustained and the political contingences that underlie it” (Ibid.).

b) Interests in Political Time

Interests are embedded within the presidency as an institution in political time; however, they also exist exogenously in secular time. Changing interests of both internal and external groups affect the presidency as much as presidential action and interaction shapes those interests. The presidency as a governing institution and the president as individual, mediate conflicts of interest both within and outside their boundaries. Interests, like ideology are represented by the “received commitments” that contribute to the existing regime and thus the president’s place in political time. Political time is the “mechanism” through which Skowronek investigates the impact of interests in maintaining order within the historical context of changing interests in secular time.

Interests are endogenous, as manifested in the president’s own agenda and those in his administration, and exogenous because politically-engaged groups, non-governmental organisations and individual citizens all have a multitude of interests that the president must reconcile in secular time if he is successfully to pursue his agenda in political time. Moreover, interests, like ideology and institutions pre-exist within political time in that they are agent-created, thus the president as agent must balance those interests with his own if he is to maintain control of his agenda and be in a position to claim authority to repudiate the existing regime.

In addition, interests, again like ideology and institutions, are also affected by the state of the regime. In a vulnerable regime, the received interests are likely to be weakened by a lack of public and political support, thus they are more susceptible to fragmentation and ultimate replacement during a period of regime transformation. Conversely, in a resilient regime, interests are likely to be entrenched as a result of the strong regime. They can therefore become institutionalised, which makes them difficult for a president to replace, as they have a high level of support and are deemed adequate as a response to the nation’s governing problems (Skowronek 1993:36).

Part 2. Combining Institutions, Ideology and Interests

The second part of this section introduces structure and agency as a way of understanding how Skowronek interprets the interaction of structure, that is institutions, and agency, represented in ideology and interests. The first sub-part discusses the structure-agency relationship as it is understood by historical institutionalists generally, while the second sub-part discusses structure-agency within Skowronek's theory. This discussion also includes some critiques of the theory, which are then expanded upon in the following section.

i) The Structure-Agency Relationship in Historical Institutionalism

Since historical institutionalism (HI) first came into the wider political science lexicon, (Steinmo, Thelen and Longstreth 1992:10), scholars have demonstrated an awareness of the symbiotic impact of institutions and individuals. As Orren and Skowronek (2004:82) recognise, "though historical institutionalists tend to analyze institutions at the "macro" rather than the "micro" level, institutions are not independent of the people who operate them and act within their bounds." Steinmo, Thelen and Longstreth (1992:10) add "institutional analysis...allows us to examine the relationship between political actors as objects and as agents of history." More importantly, institutions "are themselves also the outcome (conscious or unintended) of deliberate political strategies of political conflict and of choice." Thus, there is a "mutually constitutive" (Hall and Taylor 1998:959) impact between institutions as structures and individuals as agents within HI. This awareness of the interaction between institution and agent has however, not always translated to an equality of analysis, especially since by consistently emphasising the institution, scholars are indirectly lessening the importance of political agency.

The tendency of historical institutionalists to incorporate ideas into their analyses is important as a way of potentially equalising the structure-agency imbalance, something that this project will attempt as a way to increase the agency of political actors. Moreover, ideology, in its representation of a normative set of ideas, is important and even necessary because it allows institutions to become both a "constraining and incentivizing force and the object of political contestation" (Steinmo 2008:133). In short, they enable institutions to become dynamic, which is especially significant when it comes to understanding different "pathways of political change" (Orren and Skowronek 2004:96-108). Moreover, respecting the complexity of the relationship between structure and agency is particularly important in terms of adequately explaining how

change occurs. As Hay and Wincott (1998:955) note, for HI to fully explain the process of change, it is necessary to develop “a theory of institutional innovation, evolution and transformation capable of linking the subject in a creative relationship with an institutional environment.” Indeed, since the purpose of Skowronek’s theory is to assess change *over* and *in* time it seems especially relevant that this link is strong and explicit. It is therefore necessary to discuss the interaction between structure and agency in political time.

ii) The Structure-Agency Relationship in Political Time

Combining structure and agency as a way to achieve a more accurate and detailed understanding of the president’s leadership role in achieving change, is the main challenge facing Skowronek’s theory and one that, as demonstrated, has been widely criticised. Despite making the president the central actor in political time, Skowronek’s is a structural model of presidential leadership (Lieberman 2000). Confronting the structure-agency question, Skowronek prioritises structure arguing that presidents operate in an institutional context largely determined by their predecessors and thus their impact depends on the existing institutional environment. Theoretically, political time is able to identify “broad historical patterns in presidential leadership” (Skowronek 2008:xi; Holtzman 2009:341) precisely because of the fixed nature of the institutional structure of the presidency within a separated system. Further, the premising of structure explains why over prolonged periods of time the regime can be characterised as either *resilient* or *vulnerable*, which affects the president’s ability to achieve structural change, which is in turn affected by the president’s *opposed* or *affiliated* stance toward the regime.

Although Skowronek would likely argue that structure therefore precedes agency, (since the structure embodied by the institutional order changes only incrementally over time, while presidents can bring more fundamental change in much shorter periods of time), in reality the lines between the two are more blurred. Skowronek (1995:517) understands this interaction when he notes in responding to his critics (Milkis 1995; Arnold 1995; Young 1995) that his main objective was “to assess presidents as agents of political change,” which necessarily involved initial consideration of the how the larger structures in which the president is embedded affect his ability to effect change within the American polity. Therefore, although institutional structures precede agents in Skowronek’s analysis, as Nichols (2011:516) notes, “the promise of the third-wave literature can be fulfilled only by constructing a complex vision of context” and more importantly, “once the presidency is removed from the center of the political universe.”

Thus, although Skowronek's theory attempts to overcome the problems inherent in the "structure-agency" relationship (Hoekstra 1999a:670), in fact he is guilty of what Hay and Wincott (1998:952) call "latent structuralism" since institutional structure is viewed as the source from which political time emanates. The president is placed in a pre-existing political time; he does not create it himself through actions, reactions and interactions with both endogenous and exogenous actors. Nor does Skowronek believe that the president possesses the necessary power or authority to change his place in political time. Achieving this change which would seem to require a level of institutional flexibility such that the agency embedded within a leader's ideas and ideology could change the structural environment in a clearly observable way, to the extent that it represents a shift within the regime cycle.¹⁹

Nevertheless, it remains difficult to see how the president can be removed from the centre of the political universe, when so much of the presidential studies literature is concerned with the question of presidential power and influence. Moreover, whether Skowronek intended it or not, inevitably even in political time the president remains the principal agent because he is the only individual who is in a position to claim authority to change the political-institutional order. In political time change does not take place exogenously. Consequently, it is not only necessary to locate the president in his historical context as Skowronek does, but also to remove the president from the centre of the political universe and recognise that it is not only presidents, who are necessarily endogenous to the regime, that have the power to "make politics" (Skowronek 1993; Nichols 2011:521). Skowronek must recognise that politics, meaning the political environment and other actors outside the regime, also have the ability to "make" presidents; that is, they have the power to control outcomes of presidential action and can also affect the way a president can claim authority and secure legitimacy.

Consequently, even though structure is prioritised at the macro-level, the inconsistency with which Skowronek relies on presidential agency means that he neglects adequately to consider the "situational particularities" that would be better assessed at the micro-level (Hoekstra 1999a:665; see also Lieberman 2000:276). Consequently, this macro-micro level imbalance leaves Skowronek's analysis of presidential leadership over time incomplete. As a way to reconcile

¹⁹ While Skowronek implies a president cannot actively change his place in political time, it is conceivable that his place in political time could alter as a result of a change in the structural conditions of governance outside his control.

structure and agency, Lieberman (2000:274-310) offers an alternative to Skowronek, a “structured choice approach,” which is defined by “moments of structured choice, opportunities for strategic presidential action within structurally defined and delimited situations” (Ibid.:275). As such, the structured-choice approach is an attempt to combine Neustadt’s agent-centred account and Skowronek’s structural theory, by assessing the “dynamic interplay” between presidents and the existing regime cycle, particularly focusing on the problems presidents face in establishing and maintaining support for ideological coalitions (Ibid.:277). Giving presidents a range of options increases their personal agency over the decision-making process and allows them greater control over the outcomes of their actions as well as implying a deeper consideration of the president as a rational agent as in Edwards’ (2009) formulation. While the choices a president has are necessarily structurally limited, Lieberman’s approach suggests that a president has more options than Skowronek appreciates, and moreover that a greater number of choices increases the ability of a president to overcome pre-existing institutional constraints.

Part 3. Responding to Skowronek: Critiques of the Political Time Theory

Following a discussion of structure and agency within the model, which has been highlighted as a problematic issue, it is useful to discuss additional criticisms to establish the perceived inadequacies of Skowronek’s theory and how application to a policy-specific context and development of a mechanism to further specify leadership behaviour might serve to address these issues. In summary, these criticisms are as follows:

- As discussed in the previous section, the need to reconcile structure and agency within the theory more effectively. Skowronek prioritises structure, to some extent at the expense of agency, thus neither ideology or interests are interpreted to have an independent influence (Peters 2005:83). Rather their impact is dependent on the institutions that represent and implement them.
- Definitional ambiguity – lack of specificity about the actors within the regime and what a regime includes. More detailed definition would help to embed the president within the complexity of the system as a whole.
- Lack of consideration of exogenous factors. In placing the president at the centre of the analysis Skowronek neglects to adequately consider the role of external actors in political time, which overly simplifies the presidency as an institution and the role of the president

as agent by missing the range and complexity of interactions that occur within the system (political time) and the polity as a whole (secular time), as well as the micro-level nuances that differ between presidents over time.

- Deterministic nature of political time and the recurring patterns of leadership.
- Interpretation of how change occurs in the political-institutional order.

Despite his efforts to go beyond merging the two existing schools of thought, Skowronek has not achieved equality, which has caused scholars to examine the structure-agency question within the theory (Arnold 1995; Lieberman 2000). That is, we are still left with the question: should the president be viewed as the epicentre of political time or does the entire American constitutional system act as the mainspring of political time? On the one hand presidents have the power to “claim authority” to “intervene” in order to change the development of the political-institutional order, thus the president remains the principal agent in political time. Skowronek does not explicitly locate other actors in political time; their place in political time is only discussed relative to the president’s position. On the other hand, rather than acting as the mainspring, the institutional structure of the American separated system contextualises political time by providing the boundaries for presidential action and interaction with multiple different actors. Consequently, the ultimate source of a president’s authority to change the direction of political time, *either* as a consequence of his political skill that allows him to manipulate structural constraints *or* as a result of flexibility of the structure itself at a given time, requires further investigation, which will be undertaken in the case study chapters.

In political time the president is the main agent within the regime; however, at the same time “regime seems to refer to or to include the central state, governing coalitions, governing coalitions, party systems...making precise assessments of vulnerability and resilience more difficult” (Hoekstra 1999a:662). In addition, what role do Congress, interest groups and even voters, play in the regime? Are they part of it, or separate from it? Are there established criteria by which a regime can be characterized as resilient or vulnerable, or is it only possible to establish the regime status in hindsight? These are all important questions, and ones to which Skowronek does not provide adequate answers. In addition, since each president necessarily has a different interpretation of and relationship to the political-institutional order in which he finds himself, definition and categorisation become inherently more difficult. This difficulty largely occurs when the president acts inconsistently with his given leadership categorisation such that this

inconsistency or even unexpected leadership behaviour alters the presidents' ability to effect change and thus potentially decreases the explanatory power of political time.

The definitional ambiguity of key concepts is also connected to the difficulty of determining a clear relationship between structure at the macro-level and agency at the micro-level within political time. Increasing the specificity of Skowronek's "regime," Lieberman (2000:275) helpfully notes regimes operate at multiple levels, "from formal institutions, to the social bases of politics, from ideas to informal norms." Indeed, the fact that regimes operate at multiple levels is central to Skowronek's theory; however, it is less clear how informal norms fit within his structural model because these are much less tangible than institutional constraints, thus their impact is more difficult to determine.

Moreover, the lack of precise definitions speaks to the related criticism of Skowronek's lack of consideration of exogenous factors that could limit the president's ability to achieve regime change (Young 1995:514). By focusing almost entirely on the endogenous factors and therefore suggesting that regime change occurs from within, not only does Skowronek not appreciate the full effect of the specific historical context in which presidents operate; he also reaffirms the president at the centre of analysis. In the words of Nichols and Myers (2010:12): "in focusing excessively on the ways in which individual presidents define themselves against other presidents to whom they are linked by regime cycle, Skowronek fails to sufficiently embed the presidency within the larger political system of which it is part." Milkis (1995:489) expresses a similar concern when he notes that the cyclical nature of political time would be better supported by a greater awareness of the "uneasy place" of the president in the American political system.²⁰ Ultimately, these arguments provide additional support for establishing a mechanism to further specify leadership behaviour as an explicit attempt to address the structure-agency imbalance within Skowronek's theory and to respond to what Lieberman (2000:301) argues is "the new challenge for analysts of presidential power...to join structure and agency to explore further the structured choices that presidents face."

A related criticism concerns Skowronek's conception of how change occurs in the political-institutional order. "Skowronek's presidency, as an inherently disruptive office seems incapable of nuanced change," (Hoekstra 1999a:659) again something that results from a lack of consideration of exogenous factors. Moreover, this leads to a "situational determinism" (Hoekstra

²⁰ For a discussion of a president's place in the executive branch within a separated system, see Jones (1994).

1999a:660) that has been widely criticized (Arnold 1995; Lieberman 2000; Riley 2000; Hoekstra 1999a; 1999b). The problem of determinism occurs largely because; all recurrent roles within Skowronek's categorisations are essentially identical (Arnold 1995:499). Given that each president interprets his place in political time differently this is clearly not the case. Thus, it is necessary to include more specific criteria and labelling of presidents depending on these interpretations, however the structural nature of the theory prevents Skowronek from rectifying this criticism. Specifically, differences at the micro-level are overlooked in favour of identifying similarities at the macro-level, which further supports the critique that nuanced change is impossible in political time. Nichols and Myers (2010:810) counter this critique however, noting that since "there is no fixed interval of time for each turn of Skowronek's political time cycle," consequently the theory is "probabilistic," rather than strictly deterministic. Nevertheless, this "assumed comparability" (Arnold 1995:502) *in* political time and *over* secular time is beneficial when it comes to locating presidents in their historical context, but it is less helpful in explaining "how or why contemporary choices were made in that past" (Hoekstra 1999a:661). Sanders (2006:52) expresses a similar critique, noting that the theory "lacks the critical perspective on the pathologies that recur in regime cycles."

Nichols and Myers (2010) also critique Skowronek's explanation of regime change, specifically questioning his formulation of the way in which reconstruction occurs after the existing regime becomes vulnerable.²¹ These authors argue that Skowronek has been too "abstract" (also see Hoekstra 1999a:662) in specifying his criteria necessary for a new regime to emerge, which must include "order shattering" and "order affirming" features. Providing more detail, Nichols and Myers (2010:808) specify three required "tasks,"²² which they argue a president must accomplish in order to complete reconstruction. The most important part of their argument is the idea that more than one president can accomplish these tasks, thus the potential for reconstruction does not occur only at a single, critical juncture moment, which can be missed by presidents as Skowronek suggests, but rather exists over a longer period of time, what Nichols and Myers (Ibid.)

²¹ Rather than vulnerable, the authors use the word "enervated" to describe a political regime that is open to reconstruction. The authors argue that Skowronek has also adopted this word, where he previously referred to "disjunction" (Skowronek 2008:1138), although this has not produced a corresponding conceptual change.

²² These tasks are: 1. Shift the main axis of the partisan cleavage; 2. Assemble a new majority partisan coalition; and 3. Institutionalize a new political regime.

refer to as “windows of opportunity.”²³ Furthermore, initial failure to complete these tasks can “sometimes allow for one partisan coalition to seize control of the reconstructive opportunity from another.” Along these lines, they suggest that Reagan’s reconstruction was complicated by failures to reconstruct the weakened liberal regime in the preceding decades (Ibid.:809). Further, these authors hint at the possibility of applying dual labels to individual presidents. In this interpretation of political time it seems entirely possible that a president could change from one leadership type to another, especially if, as the authors (Ibid.:817) maintain, new regimes are the merging of “old and new elements.” Not only does it reinforce the value of combined categorisations, this potential for duality would also better represent the complex picture of how political change often continues in the same institutionally-determined direction, despite a change of president in the White House, who would necessarily attempt to either reverse or begin a new direction.²⁴

In the same way that Nichols and Myers suggest that political time is more complex than Skowronek appreciates, Hoekstra (1999a:663-664) expresses a similar critique when he notes that it may not always be obvious to presidents where they fall in the regime cycle, and given this uncertainty, presidents may not always act consistently with their leadership type. In short, they may “misread” political time. It could be argued however that this criticism is an overreaction to Skowronek’s typology and rather than deliberately “misreading” their place in political time, it is the case that some presidents interpret the constraints differently to what is expected, which is then reflected in their actions.

Part 4. Expanding Skowronek’s Theory: Further Specifying Presidential Leadership Behaviour Using an Active/Inactive Distinction

The critiques of the theory and the desire to address some of these, specifically the need to more effectively join structure and agency, provides support for the decision to further specify the leadership behaviour we should expect within Skowronek’s typology using an active/inactive distinction, which in turn comes from a desire to increase the empirical applicability of the theory. The context for this distinction comes primarily from David Crockett’s *The Opposition Presidency* (2002) that expands upon Skowronek’s vision of pre-emptive leadership. It is also necessary to

²³ This point also suggests that more than one president could be potentially reconstructive, although in this case it would be difficult to specify the conditions that would need to exist for reconstruction to continue and to determine when reconstruction had been completed.

²⁴ It is likely that even articulating presidents would want to embark on a new course, while still acting within and maintaining the existing regime, as a way of differentiating themselves from their predecessor.

briefly mention James David Barber's (1977) observations on presidential character and personal style since he also uses "active" as a way to differentiate between leaders with the aim of "predicting performance in the White House."²⁵ He is also relevant because like the active/inactive distinction here, the primary focus of Barber's theory is presidential personal capacity, which offers an important theoretical basis. Crockett is valuable because he further develops and complicates Skowronek's description and explanation of pre-emptive leadership.

Although the president remains at the centre of the analysis, locating him securely within the institutional context ensures that a much larger range of factors are considered when determining leadership expectations and outcomes. The aim in assigning these labels this specific meaning, relating to attitude and approach, is that neither structure nor agency is viewed as more dominant. Indeed, it would be difficult to envision a situation in which agency could dominate within Skowronek's institutionally focused model. Rather, the contention is that leaders have more agency to perform and legitimate their actions. Moreover, the structural obstacles a leader faces can be manipulated to a greater extent than Skowronek appreciates and it is a president's own understanding of how much agency he has as a political agent that acts as a starting point for this manipulation.

The active and inactive labels were therefore chosen in order to convey first a leader's personal reaction to the situation he finds himself in, and second to describe the methods and strategies he employs relative to his response to his structural environment. In short, attitude relates to the way in which a leader assesses the existing political context, while approach indicates the practical response of a leader in terms of his motivation and preferences and how these affect the construction of his policy agenda. The active/inactive distinction I make within Skowronek's political time suggests that attitude and approach shape how a president interprets the pre-existing constraints he faces, they combine to determine a president's perception of his constraints and his consequent actions.

These labels are related but clearly different from Skowronek's "affiliated" and "opposed" labels that describe a president's relationship to the regime. Skowronek himself suggests that there needs to be something more than affiliation and opposition. In his words, "opposition and affiliation, and their attendant leadership projects – repudiation or completion – set basic variations

²⁵ Barber (1977:7) defines style as "the President's habitual way of performing his three political roles: rhetoric, personal relations and homework...style is how the President goes about doing what the office requires him to do."

in the politics presidents make, but they do tell us nearly enough” (Skowronek 1993:35). With this statement in mind, the active/inactive distinction is a more definitive attempt to capture the range of circumstances and experiences of presidents that are similarly categorised and to offer the “discriminating view” that Skowronek believes is necessary if the reality of how a president affects order and change is to be accurately reflected. By examining the circumstances and opportunities a specific leader has to follow his leadership project, this distinction offers a more effective way of understanding how an individual interprets “the opportunities history presents” (Ibid.). Ultimately therefore, this distinction takes Skowronek’s affiliated/opposed distinction one step further by adding the element of choice and thus increases the agency he has as a political individual, in terms of how a president *chooses* to interpret his political context and the pre-existing institutional constraints.

In terms of contextual definitions, active and inactive both relate to the level of interest and degree of engagement of a leader on a given policy area or programme. Inactive can be best explained using David Mervin’s (1996) “guardianship presidency” argument. He states, the guardian interprets governing as “a specific and limited activity, namely the provision and custody of general rules of conduct, which are understood, not as plans for imposing substantive activities, but as instruments enabling people to pursue the activities of their own choice with the minimum frustration” (Oakeshott 1962:184, cited in Mervin 1996:8). Thus, inactive is defined by a commitment to limited and necessary interference in individuals’ choices and decision-making based on a cautious and considered approach. It does not automatically suggest inaction; however, this could result as a consequence of the above commitment. Rather, since it is a comment on the level of interest and engagement of a leader, it is possible that they make a conscious choice to pursue limited action, which could then be interpreted as uninterested. In other words, an inactive leader could be perceived to be uninterested or disengaged, when in fact that is not the case, instead his priority is to safeguard the existing situation because “by definition guardians, who guard, protect or preserve, are largely satisfied with the *status quo*, even though they may recognize a need for marginal change” (Ibid.:32). Ultimately, this approach manifests itself through being content to be “reactive leaders, dealing with problems on a case-by-case basis” (Ibid.:9).

Active is defined as engaged with or strongly participating in a particular sphere of (political) activity. There is an expressed desire to explicitly operate outside previously accepted boundaries of action such that a leader is able to both facilitate and drive change depending on the

level of agency he has in the policymaking process. He is clearly proactive, assertive and involved with the process of reform, with the aim of imposing his vision of change such that it affects individuals' activities, choices and decision-making.

It is equally important to note that active and inactive are not mutually exclusive categories, although they are opposites. It is entirely possible that a president can be active in one policy area and inactive in another. It is also possible to be neither active nor inactive, but rather to be "concerned." The notion of being "concerned" in a particular policy area means the leader's contribution is based on gaining knowledge and awareness such that he does not take an active role; rather he understands the policy area's importance and is willing to preside over more incremental changes within the pre-existing limits and structural environment created by his predecessor. The *status quo* is a primary consideration, although it is not necessarily something that must be maintained at all costs; gradual adaption is viewed as more important in the context of responding to changing situations with effective and politically acceptable policies.

While Skowronek's model tells us about the type of leadership behaviour we should expect from presidents, it does not adequately explain why a leader chooses to pursue certain policies over others. This can be more fully understood through increasing leader agency, something that becomes more obvious when the theory is applied to a policy-specific context. This argument suggests that an active/inactive distinction is valuable precisely because it increases agency by recognising that leaders have the autonomy and the *de facto* power to follow their own ideological agenda in spite of the structural constraints they encounter.

The active/inactive distinction also offers a more dynamic interpretation of the relationship between structure and agency because ideology becomes a quantifiable set of ideas that shape political action and thus have independent status (Peters 2005:83). Consequently, they also influence behaviour and structural context, and are interpreted as having a distinct influence on actors' agendas and policy outcomes, alongside institutions.

Returning to Skowronek's leadership categorisations, Crockett (2002:18-19) offers some valuable insights into the dynamics of pre-emptive leadership, which suggest that further specification of expected behaviour is both necessary and desirable for two reasons. First, unlike Skowronek's other categories that are defined by the circumstances when they are elected, pre-emptive leadership is partly based on individual character, thus making an active/inactive distinction explicitly relevant. Second, the word 'pre-emptive' implies that a leader will attempt to

challenge the existing regime; however, this is not necessarily always the case. With reference to Eisenhower (and Cleveland) Crockett argues that although a pre-emptive leader, in fact Eisenhower chose to accept and modify the existing New Deal programmes, rather than pre-empt them; thus pre-emptive is “the wrong word” to describe Eisenhower’s leadership. He continues, “a stronger argument would include presidents such as Cleveland and Eisenhower with these others by simply calling such men “opposition presidents”: presidents opposed to a resilient coalition. Pre-emption may be one form opposition leadership takes, but it is not the only one.” Thus, using an active/inactive distinction it would be possible to characterise both Eisenhower and Cleveland as inactively pre-emptive in terms of their behaviour in given policy areas, where inactive relates to a preference for modification and incremental change, alongside a general willingness to work within pre-existing constraints. Indeed, the ultimate aim of adding an active/inactive distinction to Skowronek’s theory is to equalise the structure-agency imbalance in order to augment its empirical applicability since his theory is based on normative and abstract observations about the objective political-institutional environment. The relevance of this distinction becomes clearer in an empirical setting because there are measurable actions and policies against which to assess a leader's behaviour.

For this reason, the distinction is both relevant and applicable when Skowronek's typology is applied to an empirical setting because as Crockett (Ibid.) argues, presidential leadership is contextual, therefore the president must necessarily be given a greater level of agency than Skowronek allows. Giving the president a greater level of agency is achieved through recognition that the president has the ability to overcome some of the constraints he faces based on his personal perceptions, reactions and responses. In terms of identifying a division similar to the active/inactive distinction, Crockett (Ibid.:43) discusses the “energetic executive,” within which are two contrasting perspectives, the political principle of “leadership” and the administrative principle of “clerkship.” In the first, “the executive checks the legislature and performs the task of national agenda setting through clarifying and setting goals.” In the second, “the executive serves the legislature by performing effective and efficient administration of the laws.” Specifically, Crockett argues that within his constitutional and historical context the president has two choices, either he can launch “a full frontal assault on the governing party in a dangerous attempt to have things his own way,” which he suggests relates closely to Skowronek’s use of pre-emption such that the president will attempt to pre-empt the agenda of the governing party. Conversely,

“recognising the futility of such an effort, the opposition president can pursue a more indirect approach, governing with the appearance of moderation.”

Expanding on Crockett’s insights, this distinction is not only concerned with the leadership behaviour we should expect relative to a leader’s categorisation, it also refers to the leader’s personal approach to the constraints they face. Going beyond Crockett’s work is necessary for two reasons. First, Crockett’s work focuses solely on pre-emptive leadership, while the distinction in this project is intended to relate to all categorisations, although the applicability differs for each leadership type.²⁶ To fully appreciate the impact of these differences it is necessary to consider a larger range of factors that influence leadership decisions and actions, many of which are exogenous to the regime and are thus not adequately recognised by either Skowronek or Crockett. Consequently, it is possible to classify a leader as active or inactive based not only on their personal interpretation of their constraints, but also on their response to their external environment, over which they are likely to have limited control. Second, like Skowronek, Crockett does not apply his theoretical insights to a specific empirical context, but to pre-emptive presidents individually.²⁷ Indeed, since the relevance and perhaps even necessity of further specification only becomes evident once the theory is applied to a particular policy area, this expansion seems particularly significant in terms of adding complexity in order to more accurately reflect action, reaction and interaction within the political-institutional order. As such, this distinction is intended to provide the bridge between Skowronek’s normative observations and the empirical realities of policymaking.

As Crockett’s argument suggests, a president has the opportunity to *choose* to be energetic or moderate, or using my terminology, active or inactive. In contrast, a president cannot *choose* to be affiliated or opposed because the regime embodies specific received commitments of ideology and interest that predate the president’s election, which marks a fundamental difference between Skowronek’s existing typology and the extension proposed in this project. In short, the active/inactive distinction offers a way of further specifying a leader’s behaviour in relation to their individual political circumstances and their response to those circumstances, especially connected to their action in different policy areas. Applying the active/inactive distinction to policy areas it

²⁶ While the active/inactive distinction appears to work effectively with pre-emptive leadership, it is less helpful for further specifying reconstructive leadership.

²⁷ These presidents are (in order): Andrew Johnson, Grover Cleveland, Woodrow Wilson, Dwight Eisenhower, Richard Nixon/Gerald Ford and Bill Clinton.

becomes clear that it is observably different from Skowronek's affiliated/opposed distinction because it gives the president the ability to make a conscious choice. There are no expectations surrounding his supposed reaction to his given leadership project as with affiliated/opposed; rather he is afforded complete independence to respond to his political circumstances in the way he deems most appropriate, depending not only on institutional constraints, but also on his character, skill and personal preference for certain policy areas.

Moreover, the distinction does not relate to level of activity on a given policy area: inactive does not necessarily indicate absolute inaction on a particular policy area, nor does active indicate consistent focus and investment in a policy area. Rather, the distinction suggests that the categorisations Skowronek assigns leaders are more fluid than initially evident and are also subject to agency-driven change. The words "active" and "inactive" themselves are used specifically to suggest that a leader's behaviour changes as he adapts and responds to his internal and external environments; the intention here is to make political time more interactive by providing a fuller explanation of the impact of interaction between both endogenous and exogenous actors and structures. Moreover, the distinction is a comment on how the president perceives the constraints he faces and the strategies he uses to attempt to overcome those constraints. Consequently, it contrasts with Barber's understanding of the distinction that is summarised in the question "how much energy does the man invest in his presidency?"

Significantly, as demonstrated above, *choice* is crucial to understanding the utility of the distinction since it also allows the individual leaders as political actors increased agency to express policy preferences and make policy decisions based on their personal interpretations within a given policy area. In this context, as previously highlighted as an alternative formulation, it is related to Lieberman's (2000) *structured choice* interpretation of Skowronek's theory in that the main contention is that while a leader's choices may be limited by the constraints of the pre-existing institutional and ideological environment, but they are not pre-determined.²⁸

In addition, explaining specific choices is also a question of timing and individual leader responses to a particular policy area. This point expands upon the path dependence argument (Pierson 2000b) that policy change at a given time will not be possible at a subsequent time since

²⁸ Lieberman (2000:275) discusses "moments of structured choice, opportunities for strategic presidential action within structurally defined and delimited situations," which represents a modification of Skowronek's theory that like the proposed active/inactive distinction, also increases agency of the president.

after a certain point the trajectory of change becomes a constraining force and consequently limits the ranges of actions that are possible in the future (Hay and Wincott 1998:955). Similarly, the constraints a leader faces change over time, which in turn alters their interpretation and attempts to overcome them. While these changes may be insufficient for a leader to change his place in political time entirely, it does provide support for the argument that a leader can be active and then inactive.

On the basis of the preceding argument, we should expect the following behaviour from an active leader:

- The desire to create and pursue a readily identifiable agenda (a set of policies with embedded ideological and personal preferences) that is different from their predecessor:
 - For an affiliated leader this difference may be more in (personal) style than policy substance given that the primary constraint they face is the conflict between exercising their *de facto* powers in such a way that the change they pursue and enact does not undermine the *status quo* to the extent that the regime starts to become vulnerable.
 - In terms of policy substance, active orthodox-innovators are likely to use their predecessor's agenda as a starting point and then consciously diverge from this, although significantly remaining within the boundaries of what is considered theoretically and empirically acceptable given that theirs is a mandate of continuation.
 - The agenda of a pre-emptive leader should be informed by the received commitments of the existing regime, but be sufficiently different such that it is possible that a leader can use their *de facto* power to claim authority in order to shape their own legacy.
- A personal commitment to a given policy issue and a desire to enact change, manifested in initiating discussion and debate on a policy area and establishing the possibility of achieving reform relative to his constraints.
- A confident attitude towards reform, where confidence relates to a belief in personal political skill such that the leader will be able to effectively use his power to convince sceptical individuals and groups to support reform.
- A positive approach to overcoming the constraints they face in enacting reform that is marked by continued commitment to reform and a willingness to compromise if necessary. The leader

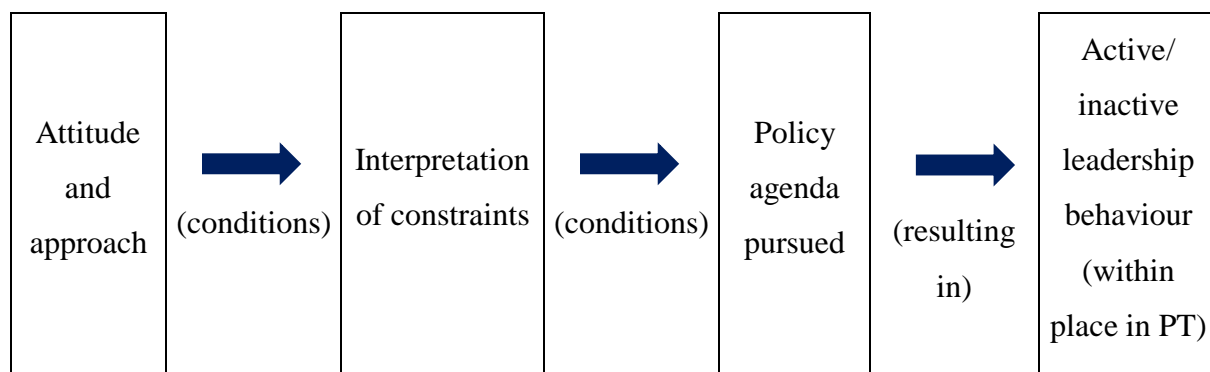
demonstrates understanding that achieving some reform, although perhaps not to the extent he desired, is preferable to abandoning reform entirely.

- Will take a leading role in the policymaking process, with advisers and experts assuming a supporting role.

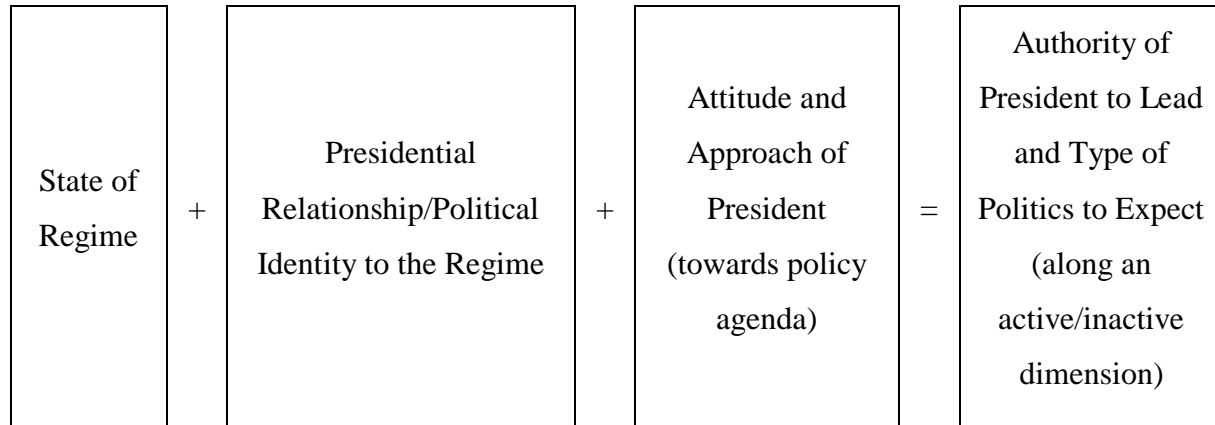
In contrast, we should expect the following behaviour from an inactive leader:

- General satisfaction with the lack of readily identifiable agenda that is observably different from their predecessor.
- General uninterest in a given policy area, no explicit desire to pursue reform.
 - When they do pursue reform the aim should be to achieve “consensus goals” rather than personal ideological objectives (Crockett 2002:52).
- Avoidance of important policy decisions and delegation of those decisions to advisers and experts; more likely to take a secondary role in the policymaking process.
- Content to work within existing constraints, without challenging them.
- When policy change does occur, something that should be primarily incremental, they display a reluctant attitude, such that change is often dictated by political pressure or pragmatism rather than an overt commitment to reform.

Based on the preceding discussion, explaining how an active/inactive distinction is reached can be understood using the following mechanism:



Returning to the traditional dimensions provided by Skowronek to explain expected leadership behaviour, it is possible to add an additional cell to illustrate how the active/inactive distinction operates empirically:



This allows us to extend Table 1, as follows:

		Incumbent's Political Identity (Relationship to the Regime Party)	
		<i>Affiliated</i>	<i>Opposed</i>
Regime Commitments	<i>Vulnerable</i>	Politics of Disjunction	Politics of Reconstruction
	<i>Resilient</i>	Politics of Articulation	Politics of Preemption

Table 1: Recurrent Structures of Political Authority (Skowronek 1986:294; 1993:36; 2011:85)

		⌘ Attitude and Approach ⌘			
		Active		Inactive	
		<i>Incumbent's Political Identity (Relationship to the Regime Party)</i>		<i>Incumbent's Political Identity (Relationship to the Regime Party)</i>	
		<i>Affiliated</i>	<i>Opposed</i>	<i>Affiliated</i>	<i>Opposed</i>
Regime Commit- ments	<i>Vulnerable</i>	Politics of Active Disjunction	Politics of Active Reconstruction	Politics of Inactive Disjunction	<i>Politics of Inactive Reconstruction</i>
	<i>Resilient</i>	Politics of Active Articulation	Politics of Active Preemption	Politics of Inactive Articulation	Politics of Inactive Preemption

Table 2: Extending the Recurrent Structures of Political Authority: The Active/Inactive Distinction

Table 2 adds complexity to Skowronek's original by adding an additional dimension, which produces four further cells, such that four has become eight. The additional dimension is represented by attitude and approach, which is combined with the existing incumbent relationship to the regime. This combination produces four potential positions, although one of these is an unlikely empirical possibility (in italics).²⁹ These outcomes provide a description of how a leader may respond to his position based on his personal interpretations of the circumstances contained in Skowronek's original formulation.

It is important to note that, as in the case of Skowronek's original formulation, these additions are ideal types and are likely to differ with individual presidents. With reference to

²⁹ For reconstructive leadership, it would be better to distinguish within the active categorisation to determine the extent to which the reconstruction achieved emanated from the leader themselves or from other individuals or groups, which would make the leader less active. It might also be helpful to differentiate between the type of reconstruction, whether ideology and interest or governing arrangements, as a way of determining level of "activeness."

reconstruction, the active/inactive distinction presents a challenge as it is difficult to conceive of a situation in which the president would not be an active reconstructor at the point of regime breakdown or that he would adopt an inactive approach to reconstruction; for this reason the cell has been written in italics. Similarly, once the reconstruction is completed, the next incumbent ceases to be reconstructive, and then either follows the politics of articulation or pre-emption. For this reason, the active/inactive distinction works most effectively with these two categories in the middle phases of the regime cycle when it is resilient. It is possible to be either an active/inactive pre-emptive leader or an active/inactive affiliated leader, largely because this label is a comment on the choice a president has made in the way he interprets his political surroundings and constraints. In terms of applying the distinction to the politics of disjunction, it is only theoretically possible to have active disjunction since for disjunction to occur a leader must necessarily be affiliated to the existing, vulnerable regime. If opposed, the circumstances exist for the politics of reconstruction. Theoretically, it is conceivable that a president could be an inactive disjunctive leader, which would cause the regime to break down totally as the leader would not be engaged in resurrecting it. This situation is difficult to observe empirically however because of the difficulty of pinpointing the transition from disjunction to reconstruction represented by the beginning of a new cycle.

Equally importantly, the attitude and approach of leaders will also vary in relation to different policy areas depending on a president's preference and interest. Consequently, these labels need to be taken as inherently more fluid than Skowronek's original classifications. As many presidents throughout history have illustrated, it is entirely possible to be interested and engaged, that is active, in one policy area, and uninterested, that is inactive, in others.

Conclusion

This chapter has explained each of the central concepts of Skowronek's theory of presidential leadership as a way of identifying recurring patterns of presidential leadership and specifying the leadership behaviour in which we expect the president to engage. It has also offered an additional mechanism developed in order to further specify expected leadership behaviour, using an active/inactive distinction to describe a president's response to the constraints he faces with the ultimate aim of equalising the structure-agency imbalance within the theory, especially when applied to a policy-specific context.

The main concepts discussed were: power and authority, order and change, political and secular time, regime cycles and political order, structure and agency and finally, institutions, ideology and interests. Each of these concepts is embedded with the theory and thus has a direct impact on presidential leadership behaviour. It is not the importance of these concepts themselves, but rather the interaction between them that produces change that operates along different and multiple trajectories whether in political or secular time. Consequently, a macro-historical view of presidential leadership such as this suggests that a multiple-order approach to understanding the development of the presidency as well as locating the presidency in the broader development of American politics will provide the most complete explanation of these two complementary historical phenomena. Moreover, a detailed explanation of these concepts is necessary in order to understand how they will affect theoretical application to an empirical, policy-specific, context in which micro-level differences may be more important than Skowronek appreciates, especially in terms of testing the transportability of the theory in a cross-country comparison.

Further, this chapter has also located Skowronek's regime theory within the broader literature on presidential studies, arguing that the theory represents an alternative and new conceptualisation of the American presidency. In essence, it is a hybrid approach that combines the institutionally-focused interpretations with the agency-centred perspectives by placing the president as an agent of change within the structural environment of the presidency as institution. It has also discussed various critiques of the central concepts (and the theory more generally) as a way of identifying how these could affect a cross-country comparison and ways in which applying the theory to a policy-specific context might serve to rectify these criticisms.

Chapter 2

Methods and Approach

Introduction

This chapter discusses the methods and approach of the thesis. Locating the research within the comparative, qualitative case study literature, the chapter explains the reasoning for the choice of comparative case, (policy) case study and time period based on a most likely case design. The chapter then turns to a discussion of the sources on which the project is based, primarily secondary literature supported by primary documents and interviews. The final part of the chapter presents the questions that constitute the test of Skowronek's theory. These questions, based on a leader's awareness of constraints, are designed to assess the extent to which the aims of the thesis can be achieved. First, whether Skowronek's theory can be effectively applied to explain British prime ministerial leadership. Second, whether his typology can explain leadership behaviour in an empirical context. Finally, whether the proposed extension to the theory increases the explanatory power when applied to a policy-specific context.

A Case Study Approach

This thesis utilises a qualitative, comparative theory testing (explanatory) case study design based on a critical case study (Eckstein 1975) to establish whether Stephen Skowronek's theory of presidential leadership behaviour can be applied to a different country and to an empirical (policy-specific) context. The thesis aims to determine not only the applicability of Skowronek's theory outside the United States (US), but also to establish the challenges and potential value of using a comparative APD approach outside the US. Qualitative methodology was considered most suitable not only because it is an area where comparative politics and APD have had "extensive dialogue," but also because it indicates "there is much to gain from greater linkages between the two subfields (Morgan 2016:166). It is the value of these linkages that this thesis hopes to highlight.

Britain and the US constitute the comparative case study design of the thesis, while health care reform provides the empirical, policy-specific context through which the applicability of Skowronek's theory and the proposed extension to it, is tested. Within the theory, the thesis concentrates on particular components that constitute the testable propositions to define the scope of the project and to enable an overall judgement on the applicability of the theory as a whole.

Determining the relevance of individual theoretical components enables a more robust test of the theory and a clearer understanding of the elements that have value and those that are either less applicable or can be discounted. The question that Skowronek aims to address in developing the theory is adapted to fit the aim of this thesis: in what ways do “leadership efforts...shape the American political landscape and drive transformation?” (1993:3) becomes “is it possible to identify similar leadership efforts that shape the British political landscape and drive transformation in similar ways?” More broadly, how influential is the president (or prime minister) and are there a set of identifiable historical conditions that affects the leader as an agent of change? Relatedly, if these historical conditions are identifiable, is it possible to similarly categorise leaders separated by large spans of time and develop historical patterns of leadership? When applied to Britain for the purposes of this thesis, the questions become: is it possible to identify comparable historical conditions and if so, is it possible to identify similar historical patterns of leadership?

Answering these questions requires a systemic test of Skowronek’s theory, which is achieved through application to both a different country and to a policy area. The previous chapter provided a description of the individual elements of the theory, specifically political time, political order, regime cycle and power and authority. Each of these concepts is central to Skowronek’s development of the expectations surrounding leadership behaviour and therefore if it is possible to identify comparable presence of these concepts in a different country then it is likely that the above questions will be answered positively and that the theory will be applicable. In contrast, if it is not possible to identify these concepts in a different political environment it is likely that the theory will have limited applicability. It is also likely that the larger research approaches of historical institutionalism and APD will have less value.

Within the empirical context of health care reform, the five chosen leaders comprise an individual case “unit” (Flyvbjerg 2011:301) as they each contribute to the test of the theory as whole. Thus, this thesis conducts both a comparative case study and within case analysis (Schwandt and Gates 2018:349) to achieve a robust test of Skowronek’s theory. The dependent variable is the leadership behaviour of each individual American president or British prime minister, while the independent variable is the patterns (typology) Skowronek identifies in his book, *The Politics Presidents Make* (1993) to explain that behaviour.

A qualitative approach was deemed most appropriate for this project based on the primary aim of the thesis: to establish the value of a comparative APD perspective to understanding recent

leadership behaviour across countries through applying Skowronek's theory. As such, "the prevalence of qualitative methods and/or case studies makes comparative politics congenial to APD, which stands apart from much of American politics in its use of these approaches" (Morgan 2016:172, see also Pierson 2007). Moreover, the shared institutional and historical emphasis of APD and comparative politics (Morgan 2016:172) suggested that the historical nature of Skowronek's theory would be most effectively tested using this approach. Providing a full explanation of the complexities and nuances across different historical periods and for each individual leader required a depth of investigation (Gerring 2007:105) that could only be captured using qualitative methods. Moreover, understanding and analysing the thoughts, opinions and actions of each leader as an individual was suited to a case study approach because it afforded a level of specificity that was necessary to identify and explain why each leader took certain decisions and behaved in a particular way.

Within qualitative research methods, the case study approach is "much more open-ended and flexible" (Eckstein 1975:81). This approach is "generally characterized as narrative and descriptive: they provide case histories and detailed portraiture" (Ibid.:82) and have "inherent story-telling potential" (Simons 2009:4). The narrative qualities embedded within a case study approach fitted closely to the historical approach used by Skowronek to identify patterns of leadership over time. In constructing his theory Skowronek effectively created a narrative for each American president within the patterns he identified through the assumption that history (i.e. institutions, ideas, interests) shapes the political change a leader can achieve at a given time. A single case study involving the comparison of five leaders seemed additionally appropriate given that Skowronek does not explicit include or test his theory using individual policy fields. Thus, establishing the utility of the theory through application to a policy context would expand the historical narrative created by Skowronek bringing it into the contemporary era. A case study approach would also provide a precedent for future research using other policy areas and therefore enrich understanding of leadership behaviour across different time periods.

The case study approach of this thesis was founded on the use of "critical cases," which are used "to achieve information that permits logical deductions" (Flyvbjerg 2006:230) on the (in)validity of the theory and allow "a better understanding of the circumstances in which the hypothesis will and will not hold" (Bryman 2016:62).

Although critical case studies are less widely used in comparative politics, their utility comes in the ability to make a generalised judgment on the probability that if the theory is valid in a case in which circumstances are less favourable it is likely to also apply in most other cases. In contrast, if a theory can be invalidated in a case that provided favourable circumstances, it is likely that the utility of the theory can be largely discarded. Thus, due to the hypothesis-testing contributions that can be gained, a critical case approach was deemed most valuable based on the aim of the project: to test the applicability of Skowronek's theory in a comparative context.

The next step was to decide whether the choice of the critical case should be most likely or least likely, which aided in the original identification of the United States and Britain as critical cases. As Flyvbjerg (2011:307) maintains in support of this point, "when looking for critical cases, it is a good idea to look for either "most likely" or "least likely" cases, that is, cases likely to either clearly confirm or irrefutably falsify propositions and hypotheses (see also Lipjhart 1971 and Eckstein 1975). As Flyvbjerg (Ibid.:308) further argues "the identification of a case as most or least likely is linked to the design of the study, as well as the specific properties of the actual case," which in the context of this thesis suggested that the chosen cases were most likely based on their shared historical, political, cultural and social properties. Moreover, in instances where comparative APD research has been undertaken, Western Europe has often provided the cases (Katznelson and Zolberg 1986; Lieberman 2005) because they are deemed to share similarities with the United States, which reinforces the use of a most likely case design.

More specifically, as Levy (2008:12) states, "critical case studies, based on most-likely or least-likely designs, can be useful for the purposes of testing certain types of theoretical arguments, as long as the theory provides relatively precise predictions and measurement error is low" (see also Eckstein, 1975: 113–123). In fact, it is reasonable to argue that Skowronek does provide relatively precise predictions concerning the type of leadership we should expect from presidents based on construction of a typology that offers a specific set of criteria relative to the political-institutional circumstances in which a leader governs and his relationship to those circumstances. In short, Skowronek offers a set of "necessary and sufficient conditions" (Levy 2008:13) within his search for identifiable historical patterns that make it possible to assess whether his theory can be successfully applied to a different case.

For these reasons, the decision to use a most likely case design (rather than a least likely design) was taken based on a desire to apply Skowronek's theory in a similar context such that it

would be possible to robustly test the utility of the theory and ultimately provide a deeper understanding of the nature of contemporary leadership within the democratic political systems of both Britain and the United States. Using a most likely case design offered shared starting points that simplified the analysis in terms of specifying the structural boundaries in which each leader had to operate. Predominately, these boundaries were determined by what is considered politically, culturally and socially acceptable within a democratic system. This simplification allowed an increased depth of investigation and comparison of each set of leaders within the study.

Choice of Country Comparison: United States-Britain

The United States and Britain were chosen as they conformed to a most likely case design based on the observable similarities between the two countries, which provided the most favourable conditions for a robust test of Skowronek's theory. Should this test be successful, it is hoped that the theory will also hold when applied to other countries with comparable conditions.

The United States was chosen for two reasons. First, because the primary data comes from this country in the majority of studies that use historical institutionalism and APD, as Skowronek does in developing his theory. Second, the choice of the US seemed appropriate given that Skowronek utilised the American presidency as the basis for his theory. Developing and elucidating his typology in *The Politics Presidents Make* (1993), he makes singular reference to American presidents, indicating where in his typology each president is located. Within his theory Skowronek provides a clear set of expectations for each of the American leaders analysed in this project in terms of measuring their behavior against achieving change in a policy field. It was therefore easier to make an overall judgment on whether they conformed to Skowronek's identified patterns and thus the choice of the US ultimately simplified the analysis.

The decision to choose Britain as the comparative case was motivated by the desire to select a most likely case design. Identifying historical, cultural, social and political similarities afforded the possibility of envisaging how the theory could apply to Britain in different time periods based on Skowronek's typology. As democracies Britain and America share comparable attitudes and approaches to fundamental ideas and ideals that define their respective societies, for example human rights and the rule of law. Significantly, they also share a common language and analogous political history and culture. Moreover, the historical and cultural similarities between

the countries reinforced a most likely case design, thus the favourable conditions were believed to increase the potential for the falsification of Skowronek's hypotheses.

Theoretically, the significant body of literature that discusses the Anglo-American "special relationship" (Reynolds 1985, Louis and Bull 1986, Bartlett, 1992, Dobson 1995, Danchev 1998, Dumbrell 2004, 2006, Dobson and Marsh 2014) and argues for an understanding of Anglo-American relations as distinct from that of other countries, indicated the potential for both a set of critical cases and most likely comparison of different leaders and their behaviour over time, especially given that much of the literature focuses on specific leaders and/or periods of time (Wither, 2003, Rossbach 2009, Robb 2017). Moreover, despite disagreement on the use of the term (Brown 2012), the volume of literature on the topic has in recent years and continues to be significant.

The Anglo-American alliance has been described as "a relationship rooted in common history, common values and common interests around the globe,"³⁰ although the phrase was first used by Winston Churchill in his infamous "Iron Curtain" speech in Fulton, Missouri, 1946 (Wither 2003:68) and has its beginnings in the Second World War (Dumbrell 2009:65). While the relationship may have been first articulated and militarily-defined during this period, its origins "lie...in the history of their political development that led to the inheritance of such a similar conception of freedom" (Brown 2012:2).

For the purposes of this thesis it is particularly important not to become entangled in discussions of the existence of the "special relationship," but rather to focus on the contemporary discussions of the concept and to understand the extent to which both the historical nature and political closeness of the partnership provide a starting point that is applicable to a comparative discussion of the leadership behaviour of recent leaders. The historical institutional approach of Skowronek's theory combined with the history of their mutual political development that explains the beginnings of the "special relationship" and the enduring nature of the literature that analyses the concept across different time periods suggests that it offers a clear theoretical justification for the selection of the United States and Britain as most likely cases. Regardless of the chosen time period, this literature provides a starting point that facilitates the potential falsification of Skowronek's theory through identifiable similarities both at the macro level (political structure,

³⁰ "Joint Statement by President George W. Bush and Prime minister Tony Blair," The White House, Office of the Press Secretary, Camp David, MD, 23 February 2001.

culture, societal norms) and the micro level (individual leadership behaviour and decision-making).

In terms of operationalising the Anglo-American comparison it is important to address the issue of systemic differences such that they have the potential to prevent an effective comparison. In this context, the starting point is a concept shared by leaders in both countries, executive legitimacy. Executive legitimacy refers to the need for a leader to achieve widespread acceptance of his policies/reforms. To achieve legitimacy, a leader must secure the support of a majority of the population in order for him to ensure his changes become entrenched, thus he is able to shape his legacy after leaving office. Indeed, that is not to say that systemic differences are not important, rather that leadership depends on legitimacy. Although the mechanisms through which opposition expresses itself work through different institutional structures (US party in Congress, UK cabinet), which makes it appear that the systemic conditions are too different for the types of leadership identified by Skowronek to obtain, in fact the search for legitimacy is the core similarity. Thus, while their exercise of power and the authority they can claim may differ, as Skowronek (1993:18-20) suggests, if the search for legitimacy is the aim for the chosen leaders, then comparison is possible and systemic differences are less significant. Moreover, not only does Skowronek provide the conceptual tools for comparison, comparison is possible because of the level of analysis, where evaluation of the two systems occurs at the structural level rather than the systemic level. In short, the “system” and the “structure” are separate and distinct entities. While the system refers to the type of politics practised in a given country, in this case either parliamentary (UK) or presidential (US); the structure refers more broadly to the existing political-institutional order, which has the ability to either, impose constraints or facilitate change.

In addition, structure and order are closely related, where structure encompasses not only physical institutions that constitute the political order, but also include political attitudes and norms that shape what is politically and socially acceptable. For this reason, comparison is possible because as liberal democracies Britain and America share comparable attitudes and approaches to fundamental ideas and ideals that define their respective societies. Significantly, they also share a common language and analogous political history and culture, certainly when juxtaposed with other countries. Moreover, the importance of culture as the vehicle through which values and attitudes become embedded in the social fabric of a country over time reinforce the importance of a comparison that occurs at the structural level while simultaneously decreasing systemic political

differences because these attitudes and values will remain embedded within the larger political order, regardless of whether the political system is defined by a conservative or liberal regime, or whether a leader is affiliated or opposed to that regime. In short, the divergence between leaders' policies and agendas that can be explained by systemic differences and are inherently more changeable depending on individual preferences and motivations, are less important than the structural similarities contained within the larger political-institutional order. In short, their shared status as democracies will make some political choices inevitable and others impossible. Thus, at the structural level of analysis, systemic differences do not prevent effective comparison.

In terms of establishing areas of convergence between Britain and the United States, these were first implied rather than explicitly stated. Beginning with the change from a cabinet-led government to prime-ministerial dominance of cabinet (Mackintosh 1962; Crossman 1963), it became evident that the larger focus on the prime minister as an individual indirectly enabled him to augment his power and increase his political capital at the expense of the cabinet and the opposition party. This situation provided the prime minister with both the theoretical and practical tools to become the most powerful individual in government, to the extent that he was no longer merely "first among equals." Since this now classic thesis was first articulated in the 1960s, the focus on the prime minister, has reached such dramatic levels that, much like the US president, he/she has become the embodiment of government (Lowi 1985). Yet, these scholars did not critique this development, although the theory itself was not without criticism (Jones 1964, 1990). A major criticism rests on the idea that the cabinet should act as a constraining force relative to the prime minister, within the bounds of the British constitutional setup and thus prevent the prime minister from presidentialising government (Jones 1964). Executive agencies and cabinet members can fulfil the same role in the US by imposing constraints on presidential action.

While this argument is theoretically accurate, it does not consider the idea that the cabinet are often viewed, both by the media and general public, as inferior to the prime minister especially in terms of decision-making power and responsibility. It is also the case therefore that the cabinet willingly cedes certain powers to the prime minister when it comes to important policy decisions, in the same way that Congress often yields power to the president as they did after 9/11 (Howell 2003:1-4). Significantly, this critique focuses on the systemic, rather than structural level, which given the level of analysis in this study makes it less relevant in terms of achieving an effective comparison.

In addition to focusing on structure, the comparison concentrates on leadership of particular individuals, thus they are separated from their respective political arrangements, again making the systemic differences less significant. Indeed, Foley (1993:268) argues that the “British presidency” is embodied in “a form of uninhibited presidential politics...exemplified by Britain’s increasing preoccupation with the nature and role of political leadership.” As a result, analysis of specific leaders and their individual styles constitute the basis of much of this comparative literature, in which systemic differences have only a minor role.³¹ The focus on leaders themselves also provides support for the application to a policymaking environment because the system is not the centre of comparison. Instead, comparison in this context will be primarily based on a consideration of the leaders’ agendas, motivations and preferences relative to that policy area, all of which are connected to the leader as political agent and can therefore be evaluated separately from the systemic setting.

To briefly summarise, each set of literature, on the special relationship and the presidentialisation of politics discussed in this section provide valuable reasoning for the choice of Britain and the United States as a country-comparison for this thesis. It seems clear that these countries can be successfully compared in order to falsify the hypotheses within Skowronek’s theory. Moreover, the insights gained from a comparative analysis are more valuable than a single-country study, thus regardless of some limitations, it is important to attempt comparison both to make the research as robust as possible and to learn important lessons for conducting future comparative research of this type.

Choice of Case Study: Health Care Reform

The decision to use a policy area as a case study to test Skowronek’s hypotheses emanated from a desire to apply the theoretical observations to a clearly-defined policy-specific context to establish the extent to which expectations surrounding leadership behaviour can be demonstrated empirically. Understanding Skowronek’s theory as a series of propositions designed to identify historical leadership behaviour and its impact on the development of the presidency, it became clear that in order to effectively determine whether these propositions had been achieved it was necessary not only to establish clearly-defined hypotheses, but also to utilise a single case study in

³¹ Supporting this point, Bean and Mughan (1989:1165-1179) cite a large literature that suggests that there has been general acceptance among scholars that leaders and their leadership style affect voting and party support.

order to limit the scope of the investigation and to pursue a definite research agenda. In addition, the challenges of combining APD and comparative politics reinforced the need for a clearly-defined case study, especially given that the “long historical narratives...and complex causal relationships” that often define the APD approach make comparison “difficult” (Morgan 2016:170).

While it would have been possible to compare the chosen leaders without a policy case study, it was believed that utilising this approach would increase the strength of the test of the theory. Determining the extent to which Skowronek’s theory is applicable to a policy context would offer a valuable precedent in terms of taking the research forward to achieve a better understanding of the policy areas where the theory is effective and where it is less relevant and the necessary criteria that influences that effectiveness. In short, using a policy area will allow a stronger judgment on the utility of the theory because it is based on a clearly defined research agenda. This agenda tests the core components of the theory such that it is possible to identify the need for an additional mechanism to increase the explanatory power of the theory when applied to a policy context. Furthermore, in developing his theory Skowronek does not explicitly test his hypotheses using a policy area. Rather than undertaking a systemic test, he engages in general discussions of individual presidents providing policy examples that reinforce the validity of his theory. Consequently, it seemed appropriate to take this step as a way of challenging the theory and offering potential avenues for future research.

Once the choice to test Skowronek’s theory using a policy area had been made, it was necessary to select a policy area that fulfilled several criteria, which satisfied the sufficient conditions within the theory. For this reason, since comparing Britain and the United States represents a most likely case design it was believed to be important to also select a most likely case design to assess the individual behaviour of each of the selected leaders in a policy context. Selecting two most likely case designs increases the probability of making a clear judgment on the ultimate (in)validity of the theory. Thus, this choice was made in the hope that the chosen policy area would provide evidence that clearly conformed to and therefore validated the hypotheses within the theory. Moreover, based on a most likely case design, the choice was made in three stages, each conforming to the sufficient conditions with the theory: a general policy area; a particular area of reform and a specific reform plan (with identifiable agenda and stated objectives).

There were several criteria that needed to be met first in the choice of policy area and then in the choice of particular reform area in order to ensure the most likely case design was consistently achieved. At the general level, the most important criterion was the leader (president or prime minister) had to be a central actor in the decision-making process. It is necessary to differentiate the objectives of the leader from that of his party and other interested groups since the theory places the leader at the centre of the regime, making all other actors exogenous to it. Moreover, placing the leader at the centre of the analysis was important given that the test is largely based on leaders' awareness of their constraints. Away from the centre, (un)awareness of constraints is less important as is the behaviour of the leader because the external political environment becomes increasingly relevant and decreases the ability to assess the leader as an agent of change. Achieving change necessarily involves reconciling the ordering propensities of the office, which produces constraints that a leader must overcome if he hopes to be successful. Second, the issue should have high political salience and affect a wide range of groups that are distant from the leader at centre. High salience makes it easier to identify the constraints on a leader and assess their impact, whether these are institutional, ideational or emanate from competing interests. Third, the focus of the analysis should be on change, to assess the leader's role in achieving change relative to the expectations of the theory. In turn, this should enable a clearer judgment on the impact of constraints on the extent of change a leader has, or has not achieved.

In choosing a general policy area, it became clear that in order to accurately specify the testable predictions within the theory, the policy area would need to be based on efforts of reform. Specifying the testable predictions as much as possible increased the focus of the analysis and negated some of the difficulties that would have arisen from policy areas where the institutional differences are significant to the extent that the analysis would be clearly unachievable. As such, selecting a policy area and analysing the overall approach of the leader to that issue would not provide the sufficient conditions for a robust test of the theory based on providing the most favourable conditions. There are several policy areas where the leader is not the primary decision-maker and is not consistently engaged with the issue. Focusing on a policy area of this type would make it difficult to test the theory as the behaviour patterns identified relate only to the leader and not to other political actors. Thus, a choice such as this would undermine the favourable conditions aimed for in all areas of the research project. Consequently, there were three reasons for choosing an area of *reform*. First, as mentioned in the paragraph above, assessing the leader as an agent of

change constitutes one of the main purposes of the theory, therefore it was necessary to be able to clearly identify a desire of the leader to initiate that change through reform. Reform had to emanate from the centre and be endogenous to the model for the analysis to be effective. Analysing endogenous reform attempts demonstrated that the leader was engaged with the issue, even if his objective was to focus only on incremental reform. Second, without a focus on a particular area of reform there would be no stated policy objectives against which to determine how the leader interpreted and responded to the constraints he faced and whether, based on the ultimate outcome (passed legislation/lack thereof) he overcame his constraints effectively. Being able to determine both these elements (response/outcome) is central to the test because the theory itself is based on the correlation between expected leadership behaviour and policy change in the context of clearly identified historical circumstances.

Therefore, health care *reform* was deemed to be an appropriate choice despite the fact that United States has a decentralized health care system in which the president is not always at the centre of the decision-making process as the system is primarily privately mandated. Nevertheless, health care reform is a policy issue in which the president can make changes to the system at the federal level. For this reason, limiting the analysis to specific attempts of the president to introduce significant legislative change was necessary to fulfil the most important criterion, therefore providing the most favourable comparative circumstances. Once it was deemed appropriate, further reasons that conformed to the conditions within the theory reinforced the choice. First, “studies of health policy have similarly moved between the comparative and APD research communities (Morgan 2016:173; see Immergut 1990; Steino and Watts 1995; Maioni 1997 and Hacker 1998), which provides a strong foundation on which to establish the utility of a comparative APD approach using this policy area. Second, health care reform is an important political issue, both in the US (Hacker 1997a:41) and Britain (Shaw 2007:95) that often divides public opinion. Third, given the political nature of reform, it is easier to differentiate between the objectives of the leader, the wider executive and those of his party in the legislature, especially in the US context where the president is separate from the legislature. Fourth, concentrating on the specific role of the leaders in the reform process lessens the importance of health care system differences between Britain (public) and the US (largely private). Relatedly, recognising the shared premise on which the construction of policies was based: determining the role of the market in health care provision, makes the policy proposals broadly comparable in terms of analysing the behaviour of leaders in

both countries and conforms to a most likely case design. Finally, reform necessitates change, whether perceived positively or negatively. Thus, a focus on change, especially the intended changes makes it easier to identify the structural and circumstantial constraints a leader faces and his reaction to those constraints. Significantly, the choice of health care reform and the discussion of the health care reform literature relative to Skowronek's model at the beginning of the fourth chapter is not intended to suggest that this model only works with regard to health policy, but rather that this policy satisfied the sufficient conditions provided by Skowronek, thus making it a most likely case. Indeed, the ultimate aim in choosing health care reform based on the above conditions, was to provide a more nuanced reflection of the reality of political decision-making and the way in which leaders choose to exercise their power relative to the expectations Skowronek's theory provides.

Finally, the decision to focus on a single policy area was based on the need for the depth of investigation required when investigating the behaviour of five leaders over a seventeen-year time period since each leader represents a single unit within the case study. As Gerring (2007: 115) argues, such an approach provides "the strongest sort of evidence possible in a nonexperimental, single-case study."

Chosen Time Period and Leaders: 1990-2007

The decision to pursue a wholly most likely case design for the research study provides the primary justification for the chosen time period and leaders. Given that both the choice of country comparison and policy field conform to a most likely design it seemed appropriate that the time period and the leaders within that should also represent a most likely design in order to create the maximum favourable conditions for the test of Skowronek's theory. In addition, the chosen time period enabled a within case comparison of five different sets of leaders, which was believed to strengthen the test of the theory. Indeed, "by comparing two or more cases, the researcher is in a

better position to establish the circumstances in which the theory will or will not hold” (Bryman 2016:67).

Theoretically, the basis for this choice emanated from the “presidentialisation of politics” literature³² and the literature focusing specifically on Anglo-American relations between Tony Blair and Bill Clinton and George W. Bush respectively (Riddell 2003, Withers 2003, Sharp 2004). This second body of literature provides evidence of the continuation of a “special relationship,” between these leaders within the chosen time period, which offers support for the choice of these leaders as part of a most likely case design based on observable historical, cultural and political similarities alongside contemporary shared diplomatic, military and security interests. Although primarily relating to foreign policy, the discussions on the close relationship between Tony Blair and George W. Bush after 9/11 and the war in Iraq illustrate the extent to which the choice of these contemporary leaders can provide valuable insights into decision-making and expectations surrounding leadership behaviour in the context of testing Skowronek’s theory.

In domestic policy, King and Wickham-Jones’s (1999) discussion of the origins of welfare to work demonstrates clear policy learning between Clinton and Blair in the 1990s and moreover identifies similarities between the respective parties in the late 1980s that contributed to a change in direction for the Democrats in America and to the emergence of New Labour in Britain. Indeed, policy learning and a shared commitment to the “Third Way” offer an obvious starting point for a comparison of Clinton and Blair’s domestic policy reforms and larger leadership behaviour during this period (on Clinton and the third way see Skowronek 1996, see also Béland, de Chantal and Waddan 2002). A willingness to learn lessons, adapt policies and increase dialogue, alongside the continued espousal of shared values and interests reinforces the utility of these contemporary leaders to providing a robust test of Skowronek’s theory.

On a larger structural level, the “presidentialisation of politics” literature has in recent years provided the context for the scholarly debate regarding the evident shift of prime ministers towards presidentialism in the British political system. Indeed, rather than debating whether British prime ministers are presidential, many scholars (Foley 1993, 2000, 2004, 2008; Allen 2003; Helms 2005; Bevir and Rhodes 2006; Poguntke and Webb 2005) have come to a general acceptance of this

³² Webb and Poguntke (2013:648-649) argue the presidentialisation of politics “should be taken to imply a shift in the direction of (i) greater power of leaders within their executives, (ii) greater mutual autonomy of leaders and their parliamentary parties and (iii) greater leader centredness of electoral processes.”

analogy (Foley 2008), discussing instead the extent to which British political institutions (Hargrove 2001) and specific leaders can be viewed as presidential. Discussions of “leadership politics” (Foley 2003, 2008) have become essential to expressing an implicit belief that contemporary British prime ministers have increased their influence through a combination of political skill, electoral popularity and manipulation of circumstances. As such, it is believed they now have separate powers and functions akin to those of the American president.

Scholars (Mughan 1993, 2000; Foley 1993, 2000, 2004, 2008; Kavanagh and Seldon 2000; Hargrove 2001; Allen 2003; Norton 2003; Heffernan 2003; Helms 2005; Bevir and Rhodes 2006; Poguntke and Webb 2005; Heffernan and Webb 2005; Webb and Poguntke 2013) now recognise and systemically evaluate the increasing overlap between British political leaders and their American counterparts, often taking the United States as “the global role model of presidential government” (Helms 2005:430), which also provides support for the choice of country comparison. Perhaps inevitably this literature tends to focus more on individual leaders as a way of negating the systemic differences since the latter offer the greatest potential for critique of this argument (see for example Dowding 2013)³³. Focusing on the leaders themselves, the value of choosing recent leaders was reinforced, not only because some are used as empirical examples in much of the literature (see Foley 1993, 2000), but also because the argued for increased similarity of US and British leaders also suggested that these leaders face increasingly similar structural constraints, despite the systemic differences, thus allowing for a stronger comparison.

Finally, the regime cycle itself provided additional reasoning for the choice of this time period. This period, the current cycle (beginning in 1980 with Ronald Reagan and 1979 with Margaret Thatcher respectively) fulfilled the desire to focus on the categories within Skowronek’s typology (preemption and articulation) that present the most observable challenges when applied to a policy specific context based on Skowronek’s predictions of the leadership behaviour to expect. All the chosen leaders are either preemptive or affiliated since they inhabit the middle of

³³ Helms (2005:431) offers nine indicators of presidentialism with reference to Britain, including “concentration of resources and advice at the ‘centre’, within the prime minister’s Office; the weakening of collective government; a transfer of political and policy initiatives from individual departments to the office of the prime minister or even external advisers; a notable detachment of the prime minister from government.”

the regime cycle and in doing so offer the opportunity to assess the potential sufficient conditions for these leaders to overcome the constraints they face.

Significantly, pre-emption represents the most difficult category to be applied to a different context primarily because as Skowronek (2011:110) suggests, the personality, character and conduct of a pre-emptive leader will have a larger impact on his behaviour than leaders in other categories, thus making it more inherently subjective and more difficult to apply to a different context. For this reason, should the leadership behaviour of Tony Blair conform to the expectations of preemption, it is likely that this category will also hold when applied to other leaders in different time periods.

Discussion of Sources

This thesis is a qualitative comparative case study of the leadership behaviour of contemporary US presidents and British prime ministers in the period 1990-2007. The thesis is primarily based on secondary sources, supported by archival research of primary documents, specifically statements, speeches and memoirs of each leader, in addition to government documents and media reports. The sections on John Major (chapter four) and Tony Blair (chapter five) are also supported by semi-structured interviews with politicians and advisers connected to these leaders.

These interviews were used primarily for justificatory purposes of the primary and secondary sources, rather than being an attempt to attain new information. The secondary literature on health care reform provided insights into the process of policymaking, contextualised a leader's choices and provided opinion to explain the outcome of the legislative reforms. Supported by the insights provided in the interviews, these were intended to strengthen, rather than disconfirm, the arguments of the secondary literature. The interviews also provided the opportunity to ask questions that arose from perceived gaps in the primary and secondary literature. Their purpose was to facilitate a more well-informed judgment on the awareness of the leaders of their constraints and their consequent choices in the context of the questions that constitute the test of Skowronek's theory. The interviews were also used to provide additional insights into the details, processes and challenges of the British reforms such that it would be possible to determine to a greater degree the extent to which Skowronek's model can be applied to the British political context. Moreover, given that Skowronek's model is primarily structural, interviewing provided a way to gain information on the agency of specific leaders in terms of establishing and understanding their

vision for reform and the way in which they hoped this would be achieved. Speaking to this point in a discussion of why interviewing is underused in political science, Rathbun (2008:686) argues “interviewing, despite its flaws, is often the best tool for establishing how subjective factors influence political decision-making, the motivations of those involved, and the role of agency in the events of interest.”

The interviews themselves were conducted between February and June 2015, primarily over the telephone with one face-to-face interview. The questions were open ended and focused primarily on establishing two things. First, the extent to which the interviewee believed there had been policy continuation and triangulation between their leader and his predecessor based on the introduction of specific reforms. Second, the interviewee’s view of the constraints the given leader had faced and whether they had been successful in overcoming those in the context of the reforms that they had either proposed, supported or implemented depending on their level of involvement in the process. Indeed, a more nuanced understanding of how a particular individual interpreted the constraints can offer more effective insights into their power as an agent in terms of the strategies they employ to overcome the constraints. More generally therefore, the interview questions were intended to discern the role and influence of the leader on specific reform agendas and directions, such that the leader could be placed in the existing structural environment and the level of agency he commanded could be broadly determined.

It was necessary to recognise that ideology and opinion can have a considerable impact on the interpretation of events and policies during interviews, something which dovetails with Rubin and Rubin (1995:221), who note the importance of understanding the specific political or ideological position of your interviewees such that you know what biases to expect. While this does not necessarily make the information less valuable, it does increase the importance of confirming or indeed disconfirming the information with additional sources (Rathbun 2008:694). Improvisational questions were utilised to (dis)confirm information previously gathered from both primary and secondary sources (see Rathbun 2008:694); using the interviews for justificatory purposes rather than collecting new information. As the test related to the effectiveness of the model itself, it was more important to use the interviews as a way to understand how and if the leaders used the agency of their position to pursue their desired reforms relative to their structural environments. In this context, semi-structured interviews were the most effective way to obtain the information needed to strengthen the project.

Testing Skowronek's Model

Introduction

The following questions are designed to test Skowronek's model and the extension to it. The questions are contextualised within the discussion in the previous chapter that introduces and explains the patterns Skowronek identifies (see Table 1, page 40) and the mechanisms he uses to explain those patterns (see page 40). Simply, the four categories each represent a type (pattern) of expected leadership behaviour that when operationalised manifests in a cyclical form, beginning with reconstruction and ending with disjunction. Skowronek then uses two variables to explain these patterns: the state of the regime (vulnerable/resilient and the incumbent's relationship to that regime (affiliated/opposed) that define a leader's place in political time. Once a leader has been placed within the regime cycle (question 1 and 2) and his level of awareness of his constraints and his interpretation of those broadly determined (question 3, 4 and 5) it is then possible to measure his expected behaviour using a policy-specific context. First, considering impact of constraints on the general formulation of policy agenda (question 6); then awareness of constraints in the formulation of that agenda with specific reference to health care reform (question 7) and finally the impact of historical context on that agenda (question 8). The final two questions assess the utility of the model; first in the context of health care reform (question 9) followed by a general judgment on the overall value of the model when applied in a comparative context to explain recent British political leadership behaviour (question 10).

Assessing the level of awareness of the leaders of their constraints provides the basis for these questions that operationalises Skowronek's theory in terms of applying it to a policy agenda. The extent of awareness is crucial to testing the validity of the theory given that the leader is placed at the centre of the analysis. Complete unawareness of constraints is unlikely because leaders (both before and after election) survey and evaluate their political environments and make decisions and judgments that reflect those environments that are then manifested in their policy agenda. Thus, leaders demonstrate at least some awareness that barriers to achieving change exist, regardless of whether constraints are structurally-determined or agency-centred. Significantly, complete unawareness of constraints would not entirely invalidate the theory, rather should this be the case it is then necessary to determine what other factors explain a leader's behaviour and how these

relate to the expectations within the theory. The following hypotheses constitute the measurable outcomes of the test and directly relate to the overall research questions.

1. **Given the choice of a most likely case design and the similarities identified as a result, it should be possible to apply Skowronek's theory to explain British prime ministerial leadership between 1990-2007 with specific reference to the policy area health care reform**
2. **The active/inactive distinction should increase the applicability of Skowronek's model when applied to a particular policy area** (through allowing further specification of expected leadership behaviour and thus enabling an increased consideration of agency-centred understandings of constraints)

Answering the Questions

1. *How are the patterns Skowronek identifies observable/how do these patterns manifest themselves?*

In terms of the manifestation of the patterns Skowronek identifies, he provides several criteria that expand both on the identification of the patterns themselves and the mechanisms he uses to explain them. Theoretically, the typology of leadership behaviour establishes particular conditions that determine the way in which a leader is able to exercise his power. It is the exercise of his power (and his claim to authority) that allow these patterns to manifest depending on the stage of the regime cycle. For example, during the politics of reconstruction, the president exercises his power in such a way as to believe he has a mandate for fundamental change; his project is to convince the nation that fundamental change is necessary. The behaviour of a reconstructive leader is defined by independence, innovation and individuality. In contrast, at a stage of articulation, "the opportunity for the exercise of political leadership lies in moving forward on the outstanding political commitments on the regime's agenda and in prodding the establishment to adjust to changing times" (Skowronek 1986:299). Consequently, the behaviour of an affiliated leader is defined by caution, a commitment to continuation and a preference for incremental change.

During a stage of disjunction, the president will have less authority than presidents in the other groups. He will lack the necessary authority to overcome the legitimation problem in the effective exercising of his power. His inability to exercise his power effectively significantly

reduces his authority to control his own agenda. Consequently, the outcomes of his action are difficult to positively identify and he is unable to establish any credibility (Skowronek 1993:39). The behaviour of a disjunctive leader is defined by a lack of authority and ineffectual exercise of power; “leadership is reduced to mere problem-solving,” (Skowronek 1986:297). Finally, at a stage of pre-emption, in terms of behaviour these leaders are “ideologically detached, highly personalized and aggressively independent” (Skowronek 2011:113). Ultimately, “hyphenated party labels, hybrid agendas, personal leadership, independent appeals” are all hallmarks of pre-emptive leadership (Ibid.:107).

The exercise of a leader’s power, both perceived and actual, is closely linked to his behaviour such that if a leader understands and accepts his political situation and he demonstrates awareness of his constraints then the patterns of leadership should manifest as Skowronek’s theory expects. While the constraints confronting a leader will exist regardless of his level of awareness, should he not be entirely aware, it is possible that the patterns of leadership will not be as the theory expects because his behaviour may be increasingly affected by other factors external to Skowronek’s typology.

2. Is it possible to fit the chosen cases (leaders) into Skowronek’s typology?

Currently, the American polity is in the fifth regime cycle, which began with Reagan in 1980, following the breakdown of the New Deal order under Carter. The present cycle is particularly interesting in terms of categorising individual presidents, since it is possible to make the argument that in his second term, George W. Bush became a disjunctive president. This disjunction was in some ways initiated by the economic crash of 2008, which seemingly created the circumstances for regime transformation, thus allowing the next incumbent to be reconstructive. While the election of Barack Obama in 2008 signalled a desire for change on the part of American voters, as Skowronek has recognised, it is too early to answer the question of whether Obama has been truly reconstructive in his ability to repudiate the existing conservative regime. As Skowronek has also discussed, there remains the larger question of whether transformative leadership is still possible (2011:167-194), given the consistent narrowing of the extent of reconstruction that has taken place over the course of the historical development of the presidency.

The fact that Skowronek has successfully categorised each of these relatively recent leaders suggests that it is also possible to fit the chosen US cases into the typology given that

chronologically they inhabit the current regime cycle, especially if as Skowronek argues, Ronald Reagan is taken as reconstructive. Following Reagan and analysing the different phases of the regime cycle, it would seem that George H.W. Bush, Bill Clinton and George W. Bush are all accurately categorised and fit effectively into Skowronek's typology. Fitting the British prime ministers into Skowronek's typology is more difficult given the different political environment. Nevertheless, if like Regan, Margaret Thatcher is taken as reconstructive it becomes easier to identify the stages of the regime cycle in the British context for the two leaders that succeed her and for this reason it is possible to fit both leaders into Skowronek's typology.

3. Are the chosen leaders aware of the structural conditions that Skowronek would expect relative to their place in political time?

Each leader's level of awareness of their structural conditions is the starting point for the test of Skowronek's model as it tells us how much a leader is likely to engage with and be affected by his place in political time; it enables a judgment on whether Skowronek's typology can be used to successfully explain leadership behaviour. If a leader is highly aware it is likely that his action and the outcomes of that action will be better explained by the theory, thus increasing the potential for successful application to a different case. Conversely, if a leader is less aware it is less likely that his action will be based on consideration of existing constraints, but rather the primary explanatory factors are more likely to be exogenous to the model, which could ultimately limit the explanatory power of the model in both countries.

Awareness is central to the test of Skowronek's theory because the leader is conceived as an agent of change within his structural environment. He is placed at the centre of the regime cycle and change is expected to emanate from him and from within the regime (Nichols and Myers 2010:12). His actions (or inaction) necessarily produce change, regardless of his intention. In order to fulfil this role as agent of change and to successfully implement the change he desires the leader requires a cognizance of the political-institutional situation in which he operates. Without it, political change would be essentially impossible because he would lack the context in which to formulate his agenda and lack the understanding of what is politically and practically achievable. Moreover, given that the cyclical nature of political time would be better supported by a greater awareness of the "uneasy place" of the president in the American political system (Milkis 1995: 489), assessing personal awareness offers the opportunity for the president (or prime minister) to

conceive of himself as an actor within the larger system and indeed to recognise that the majority of the constraints he faces are exogenous to the regime. Awareness also suggests that the structural constraints are likely to affect the formulation of the policy agenda since a leader will first establish what is politically achievable before choosing to pursue particular policy reform.

Based on the centrality of awareness to the test of the theory, it is reasonable to argue that all leaders demonstrate some awareness through illustrating what it is practicable for them to know upon being elected. First, because they come to office with the knowledge of the political/policy change achieved (or attempted) by their predecessors, which to some extent determines what they pursue/can achieve, which in turn constitutes a key part of Skowronek's expectations within his typology. The choice to accept, challenge or disregard this constraint nevertheless demonstrates an awareness that affects both their agenda and the process that achieving their desired reform takes. Second, because they come to office with the knowledge of the political issues that have high salience among the public and those that are believed to require reform. As a newly-elected leader and with a perceived mandate for change (or continuation), they are in a position to propose reforms that reflect their ideological vision for society. Third, they have awareness of their place within the larger political system and understand the potential need for negotiation and compromise, especially during periods of divided government in the American case or a small parliamentary majority in the British case. Similarly, US presidents also know the likely ideological preferences of the Supreme Court justices based on rulings in previous cases and the party of the president who nominated them. Fourth, they come to office with individual political passions for or engagement with particular issues, which increases their awareness of the context in which change will occur. While change may emanate from the leader at the centre, the process and decision-making necessarily involves several political actors and groups, both internal and external to the regime. Thus, the leader receives information that augments his awareness of the reform that is politically achievable. Moreover, his inclusion of other actors demonstrates an understanding of the complexity of achieving political change that requires balancing competing interests and ideas and making proposals publicly acceptable in order to gain support to make them legislatively legitimate.

Finally, their respective places in political time make clear how the theory assumes some awareness of constraints on the part of the chosen leaders through establishing expectations to explain their behaviour. For example, the theory would expect that a pre-emptive leader to want

to challenge their constraints. In short, they aim to achieve reconstructive change “absent reconstructive circumstance”; it is their hope to “challenge the received agenda (Skowronek 1993:35). In order for a pre-emptive leader to challenge the received agenda however, they must at least begin with some awareness of the constraints contained within that or there would be nothing to challenge. Similarly, the theory assumes some awareness on the part of an orthodox-innovator of the policies and agenda of his predecessor in terms of how this affects his own leadership situation. Without this awareness, there would be nothing to expand on or complete, which Skowronek contends is the main aim of leaders in this category (1986:300). Consequently, given that the sufficient conditions within the theory are created with the implicit assumption of some awareness of constraints combined with an understanding of what it is practicable for a leader to know upon taking office, it is reasonable to use awareness of structural conditions as the central element of the test of Skowronek’s theory and to believe that all leaders do have awareness of those conditions relative to their place in political time.

4. If the leaders demonstrate awareness, how do they interpret the constraints they face?

Interpretation of constraints is based on a leader’s attitude and approach to their structural environment and assumes that the leaders demonstrate some awareness of their constraints. Attitude relates to the way a leader assesses the existing political context, while approach indicates the practical response of a leader with regard to his motivation and preferences and how these affect the construction of his policy agenda. Interpretation of their constraints is divided into two categories within the thesis: active and inactive, which constitute an expansion of Skowronek’s theory. The distinction is designed to further specify leadership behaviour and more accurately reflect how political change occurs within the political-institutional order and provide a clearer understanding of the leader as an agent of change.

Accepting that the leader is placed at the centre of the analysis, examining their interpretation assesses and ultimately complicates the relationship between structure and agency within Skowronek’s theory. Skowronek develops a structurally-based model to assess the president as agent of change, yet he underestimates the agency a leader has to overcome his constraints by oversimplifying the political situation that a leader faces through limiting his expectations of leadership behaviour to endogenous factors within the model.

Analysing interpretation increases the agency of a leader to respond to their constraints because it allows for the possibility that a leader may interpret his constraints differently than Skowronek's theory expects. Speaking to this point, in his examination of presidential character, Barber (1977:8) maintains that "presidential character resonates with the political situation the President faces. It adapts him as he tries to adapt it." This statement indicates a mutual process of change over time as well as a mutually-influencing interaction between structure and agent. Institutional constraints are subject to change as a result of exogenous factors outside of presidential control, which can in turn alter a president's interpretation of his constraints at the micro-level. For example, if the president's party regains control of Congress in the mid-term elections it is likely that his policy agenda will change as the constraint of divided government no longer exists. Consequently, change that was previously considered to be difficult or even impossible may become possible as more favourable circumstances are created, which alongside individual preferences, helps explain why presidents are active in some policy areas while inactive in others. As much as institutions can change as a result of exogenous factors, a president's ideology, preferences and motivations that shape his interpretation of and reaction and response to his constraints can change as a result of endogenous factors that are within his sphere of influence, such as the extent of reform he chooses to pursue. Therefore, in providing a more specific answer to this question, is it important to determine whether their interpretations are consistent with the expectations of Skowronek's model. A positive answer increases the explanatory power of the model, while a negative answer decreases the explanatory power.

By envisaging a mutually-reinforcing development, Barber's understanding of how presidential character and personality are shaped by the political situation a leader encounters allows for the possibility that a leader's interpretation of his constraints may not be exactly as Skowronek's model predicts. Moreover, it also suggests a larger scope for change over time where the leader interpretation of his constraints is not as fixed as the theory suggests. Thus, accepting that the interpretation changes over the course of their time in office, whether incrementally, moderately or fundamentally, the leaders' interpretation of their constraints ranges from as the theory expects to contradictory to expectations. Their changing attitudes and approaches in their interpretation of their constraints can be explained by decreased/increased agency and decreased/increased intractability of pre-existing constraints within the political-institutional environment.

a) *In their interpretation of their constraints do they adopt an active attitude and approach based on challenging those constraints?*

		⌘ Attitude and Approach ⌘			
		Active		Inactive	
		<i>Incumbent's Political Identity (Relationship to the Regime Party)</i>		<i>Incumbent's Political Identity (Relationship to the Regime Party)</i>	
		<i>Affiliated</i>	<i>Opposed</i>	<i>Affiliated</i>	<i>Opposed</i>
Regime Commit- ments	<i>Vulnerable</i>	Politics of Active Disjunction	Politics of Active Reconstruction	Politics of Inactive Disjunction	<i>Politics of Inactive Reconstruction</i>
	<i>Resilient</i>	Politics of Active Articulation	Politics of Active Preemption	Politics of Inactive Articulation	Politics of Inactive Preemption

Table 2: Extending the Recurrent Structures of Political Authority: The Active/Inactive Distinction

Examining a leader's attitude and approach offers a way of further specifying their behaviour in a policy-specific context. Moreover, it expands upon the previous question that aims to more accurately reflect the relationship between structure and agency within the political-institutional environment a leader encounters.

For the purposes of this research, active is defined as engaged or strongly participating in a particular sphere of (political) activity. There is an expressed desire to explicitly operate outside previously accepted boundaries of action such that a leader is able to both facilitate and drive change depending on the level of agency he has in the policymaking process. He is clearly proactive, assertive and involved with the process of reform, with the aim of imposing his vision of change such that it affects the activities, choices and decision-making of individuals and groups

around him. The action taken by an active leader works to alter the environment in which decisions are made guided by the belief that these actions will necessarily benefit a large number of people.

The notion of active (and inactive) leadership is a further attempt to better understand the relationship between structure and agency within the theory and more accurately specify the leadership behaviour of the chosen individuals. The leaders that adopt an active attitude and approach are more likely to be categorised as either reconstructive or pre-emptive within Skowronek's typology. First, reconstructive because this leadership situation is based on the possibility for an expansive exercise of power and authority. A leader comes to office at a time when the accepted political order is decaying, "political resistance to the presidency is weakest" (Skowronek 1993:37) and there exists a "widespread perception of systemic political collapse" (Skowronek 2011:94). If these conditions are present then the regime is open to fundamental change, not only institutionally, but in the underlying values and norms that define and shape society. These leaders do challenge their constraints within a vulnerable regime, however because reconstructive presidents are not necessarily concerned with resolving problems of the old regime, but rather proposing a new approach/different policies that are consistent with their attempts to replace the previous disjunctive regime, they are bound by less constraints than leaders in other categories.

Second, pre-emptive because this leadership situation is based on a desire to "challenge the received agenda" (Skowronek 1993:35). These leaders hope to challenge their constraints and formulate policy agendas that reflects the desire to enact significant change. Significantly, it is to some extent easier to assess whether a pre-emptive leader takes an active (or inactive) attitude and approach to his political situation because as Skowronek recognises, in this category the personality, character and conduct of a pre-emptive leader will have a larger impact on his behaviour than leaders in other categories, especially in terms of how he is viewed by supporters of the resilient regime and the extent to which he is able to use these qualities to his advantage to overcome the institutional barriers he encounters (Skowronek 2010:110). Ultimately, "hyphenated party labels, hybrid agendas, personal leadership, independent appeals" are all hallmarks of pre-emptive leadership (Ibid.:107). In terms of behaviour, these leaders are "ideologically detached, highly personalized and aggressively independent" (Ibid.:113).

b) In their interpretation of their constraints do they adopt an inactive attitude and approach based on a willingness to operate within those constraints?

Examining a leader's attitude and approach offers a way of further specifying their behaviour in a policy-specific context. For the purposes of this research, inactive can be best explained using David Mervin's (1996) "guardianship presidency" argument. He states, the guardian interprets governing as "a specific and limited activity, namely the provision and custody of general rules of conduct, which are understood, not as plans for imposing substantive activities, but as instruments enabling people to pursue the activities of their own choice with the minimum frustration" (Oakshott 1962:184, cited in Mervin 1996:8). Thus, inactive is defined by a commitment to limited and necessary interference in individuals' choices and decision-making based on a cautious and considered approach. It does not automatically suggest inaction; however, this could result as a consequence of the above commitment. Rather, since it is a comment on the level of interest and engagement of a leader, it is possible that they make a conscious choice to pursue limited action, which could then be interpreted as uninterested. In other words, an inactive leader could be perceived to be disinterested or disengaged, when in fact that is not the case, instead his priority is to safeguard the existing situation because "by definition guardians, who guard, protect or preserve, are largely satisfied with the status quo, even though they may recognize a need for marginal change" (Ibid.:32). Ultimately, this approach manifests itself through being content to be "reactive leaders, dealing with problems on a case-by-case basis" (Ibid.:9)

The leaders that adopt an inactive attitude and approach are more likely to be categorised as either affiliated or disjunctive within Skowronek's typology. Affiliated because in this situation "the opportunity for the exercise of political leadership lies in moving forward on the outstanding political commitments on the regime's agenda and in prodding the establishment to adjust to changing times" (Skowronek 1986:299). It is a "leadership project of culmination and completion" (Skowronek 1986:300), thus their authorisation for action is "wholly affirmative" (Skowronek 2011:101). Consequently, these leaders are content to work within the existing boundaries set by their constraints and to moderate their actions and ambitions accordingly. Disjunctive because in this leadership situation the leader will have less authority than presidents in the other groups. He will lack the necessary authority to overcome the legitimation problem in the effective exercising of his power. His authority to control his own agenda and the outcomes of his action are essentially non-existent and he is unable to establish any credibility (Skowronek 1993:39). Consequently, he

is viewed as a representative of the “failure of the entire regime” and isolation from his political allies undermines his power and removes any warrants to political authority (Skowronek 1986:297). Lacking in political authority, “leadership is reduced to mere problem-solving,” (Ibid.) thus the president relies on the “reification of technique as the central justification for political action” (Skowronek 1993:40) and as a way of ensuring that he can effectively exercise his political power. These leaders operate within their constraints, not always through conscious choice, but because they lack the authority to exercise their power in a way that would enable them to formulate and implement an agenda of fundamental policy change.

It is important to note that active and inactive are not mutually exclusive categories, although they are opposites. It is entirely possible that a president can be active in one policy area and inactive in another. It is also possible to be neither active nor inactive, but rather be “concerned.” The notion of being “concerned” in a particular policy area means the leader’s contribution is based on gaining knowledge and awareness such that he does not take an active role. Rather, he understands the policy area’s importance and is willing to preside over more incremental changes, often leaving decisions to policy advisors, within the pre-existing limits and structural environment created by his predecessor. The *status quo* is a primary consideration, although it is not necessarily something that must be maintained at all costs; gradual adaption is viewed as more important in the context of responding to changing situations with effective and politically acceptable policies.

5. If the leaders do not demonstrate awareness of their constraints, how well does Skowronek’s model explain their leadership behaviour, and what other factors can be used to explain the outcomes of their behaviour?

If the leaders are unaware (or demonstrate limited awareness) of their structural constraints the explanatory power of the model is more limited. Since constraints will operate regardless of the level of awareness of a given leader, it is possible that their effect on the outcome (of policy/political change) may be observable and thus the model may, alongside other factors, explain certain behaviour, especially if the conditions that the model expects are present. The model may explain some behaviour (in this context relating to specific policy decisions/choices

made during the reform process), but may be less helpful in accounting for the differences between policy intention and outcome in the form of passed legislation.

Given the centrality of awareness of constraints to the test of the theory, if this is absent or negligible it is likely that the applicability of the theory will be limited in both countries. If leaders in both countries are largely unaware, the theory is more likely to better explain the leadership behaviour of US presidents because it has been developed based on the constraints evident within the US political system. As such, Skowronek has already provided the sufficient conditions and expectations for the theory to be successfully applied in these cases. In terms of applicability to another case such as Britain where the constraints leaders encounter are systemically different, it is likely that the theory will encounter different challenges to explaining leadership behaviour because the sufficient conditions are not necessarily present.

Considering other factors that could explain leadership behaviour, these can be placed into two categories: internal and external. If the primary explanatory factors are internal to the theory it is likely that the theory will have some applicability because the leader is placed at the centre of the analysis and the constraints are primarily expected to emanate from within the regime. In contrast, the lack of consideration of external factors (Nichols and Myers 2010:12) that affect leadership behaviour and influence political outcomes indicates that if the primary explanatory factors are external to the model then the theory will fail to adequately explain leadership behaviour and further, in some cases this behaviour may be better explained by the emergent patterns of leadership (based on a chronological understanding of time) and not the recurring patterns (based on comparable historical-institutional conditions) that Skowronek develops.

Focusing specifically on the two groups of factors, internally these will emanate from the leader within the regime cycle. Externally these will come from other political actors and/or interest groups, the socio-economic context, global events and media/public perceptions of particular policies or events. Internal explanatory factors that could determine behaviour include executive/leader-driven decision-making, a leader's political skill, personnel change within government and the power and role of political advisors. External explanatory factors that could determine behaviour include Congress and other political actors, particularly in the US case the existence of the constraint of divided government, which cannot be directly controlled by the president, but rather increases the need for negotiation and compromise. In addition, events that transcend the political sphere such as economic recession or fundamental social change may better

explain why a leader chooses to pursue a certain course of action and may determine what is considered politically acceptable. Specifically, events such as 9/11 or the wars in Afghanistan and Iraq changed the political landscape in both countries and affected the behaviour of each leader and the constraints he faced and could overcome in a way that is not effectively explained by the theory. Finally, the media and public perception of these global events has an impact on behaviour and may cause leaders to behave in a way not expected by the theory because political considerations affect the way a leader interprets his constraints.

6. How do the structural constraints affect the formulation of the reform policy agenda of the chosen leaders?

Considering the extent to which structural constraints affect the formulation of policy agenda, it is possible to say that these do affect the policy agenda of all leaders to some extent because each leader comes to office knowing the political/policy change that has been proposed/attempted and/or implemented by their predecessor(s). In as much as this represents a structural constraint, it is evident, as Skowronek implies, that a leader will in some ways define his agenda against or as an expansion of his predecessors.

In terms of quantifying the impact of structural constraints on the formulation of policy agenda this can be achieved through establishing the difference between the stated policy objectives at the beginning of the reform process and the legislation that is passed in the legislature (or sent to Congress/put to a vote in Parliament in the case of failure). The formulation of the agenda reflects an awareness of structural constraints at that given time, while it also suggests the level of engagement of a leader with the issue. As the reform process unfolds the constraints a leader faces change as does his engagement, thus the policy agenda also changes. The correlation between the reform agenda and structural constraints is therefore mutually changeable over time. Examining the differences at the beginning of the reform process and the initial agenda when the leader is committed to change³⁴ relative to their place in political time and the end of the process when the legislation is voted upon reflect the nuances and complexities that define the process of political change. Similar to the previous question, it becomes clear that structural constraints are only a single factor affecting the formulation of the reform policy agenda and that many of these

³⁴ In the case of orthodox-innovators, they should be committed to minimising the extent of change and maintaining the current political situation.

factors are external to the model such that assessing the leader as an agent of political change is again more complex than Skowronek's theory appreciates. Nevertheless, the expectations contained within Skowronek's typology provide the theoretical basis on which to argue that structural constraints do affect the empirical formulation of their policy agenda because they include expectations surrounding the extent of change a leader should want to achieve relative to their place in political time.

7. How conscious are the chosen leaders of their respective constraints in the context of the health care policy reform they have/have not chosen to pursue?

Expanding on the question above, it is reasonable to argue that all the leaders, to varying extents, demonstrated some knowledge of their structural constraints relative to the health care reform they chose to pursue. It is evident that each leader came to office with the knowledge of the previous attempts at health care reform of their predecessors and a consequent understanding that this constituted the most recent historical context for their own reform proposals and depending on their political situation could act as a constraining force. Leaders in both countries were also aware of previous reforms of leaders from their respective parties and this also affected their decision to pursue reform and the specifics of their reform agenda. With this knowledge, the leaders were also aware of the ideological element within the reform process and understood that this had the potential to act as a constraining force, especially in responding to the attitudes of other political actors and interest groups. In addition, during the election campaign leaders in both countries had tested the appetite of the public for health care reform to determine how much the media and public opinion may act as a constraint, something that would be more difficult to change as being external to the model it is outside the leader's direct control. In the US, this largely took the form of discussions in the presidential debates, campaign rallies and town hall meetings. While in Britain, the health care reform proposals were set out in the party manifestos, which were then widely debated in the media and in public.

In terms of the choice to pursue or not to pursue health care reform, it is useful to begin by considering the expectations within the theory that assume some awareness on the part of leaders of their structural constraints and place those in the empirical context of health care reform. As such, we would expect a greater awareness of constraints of leaders who are opposed to the regime because achieving change is inherently more difficult in these situations. Nevertheless, both pre-

emptive leaders analysed in this thesis chose to pursue fundamental reform of their respective health care systems in spite of the constraints they faced. Awareness of their constraints had little impact on the formulation of their reform agenda in the initial stages as the desire for change came from the leaders themselves and the reform proposals emanated from the centre of the regime. The stages involved in achieving reform causing their proposals to be modified and changed also reflects a greater awareness of their constraints and the consequences for their agenda. For leaders who are affiliated to the regime, it could be that they demonstrate less awareness, however in terms of their consciousness it is important to first establish whether in fact they interpreted their constraints as constraints in a policy-specific context. In a situation where the leadership project is one of “culmination and completion” (Skowronek 1986:300), it is likely that the reform pursued will be designed to achieve modification and adaption of existing policies to reflect the changed governing circumstances. All three affiliated leaders conformed to this expectation, to varying extents. The decision to pursue (or not) reform was taken in the context of the attempts of their predecessors and thus with the knowledge that their constraints determined the boundaries of what was politically achievable.

Consequently, it is reasonable to argue that while their choices to pursue (or not) health care reform were taken in the context of their structural constraints, their policy agenda reflected their attitude and approach to those, whether this was a conscious or unconscious decision to challenge, respect, embrace or disregard those constraints. The changes that occurred in their respective agendas also reflect changing awareness of the impact of constraints as much as understanding of factors outside of their control. Thus, as Skowronek expects, it is likely that the policy change they hope to achieve changes over time as does their response to their leadership situation.

8. To what extent does the historical context of health care reform affect the leaders' awareness of their constraints?

This question is designed to investigate the information that it is reasonable for the leaders to know about health care reform and how this knowledge affects awareness of their constraints. Specifically, this question will test Skowronek's expectation that history (i.e. institutions, ideas and interests) acts as a constraining force in a leader's ability to achieve change.

First, it is important to note that while the environments in which the debate occurs are clearly different, as are the constraints, the range of political, ideological and socio-cultural

obstacles they face are no less comparable. In the US, the political-ideological constraints emanate from deep partisan divisions, while in Britain the political-ideological constraints begin with discussions of plausibility in reform proposals. The ideological preferences of the government are as equally important as the ideology of the health care system itself since to a large extent the guiding principles of the National Health Service (NHS) have become its entrenched ideology. Similarly, the socio-cultural constraints in Britain originate with the service itself and the cultural identity that has been embedded since its creation, in addition to the socio-economic expectations of users that further limit the possibility of change. In contrast, the socio-cultural constraints in the US come not from the health care system, but from the American population and more specifically the belief of many Americans that government should not interfere with, let alone be responsible for, providing comprehensive coverage. These constraints suggest that leaders must be consistently aware of their political and policy environments in a way that reinforces the utility of both the historical institutional and APD frameworks.

Leaders in both countries do demonstrate awareness of the political-ideological and socio-cultural constraints within their respective health care systems. It is reasonable that each leader should display some understanding of the impact of historical context on their reform attempts because they have knowledge of the policies and agendas of their predecessors as well as information on the state of the contemporary system. In the US, it is possible to argue that the previous attempts to fundamentally reform the health care system consistently narrow what is possible in the future (see Morone 2010) and that US presidents understand this situation. In Britain, the entrenchment of socialised medicine since the founding on the NHS in 1948 has also consistently narrowed the possibility for future fundamental reform. Thus, historical context operates to strengthen constraints and heighten the awareness of leaders of what is politically acceptable and practically achievable.

9. Are there observable differences between stated policy intentions (reform proposals) and policy outcomes?

It is important to note that if a leader hopes to achieve the change he desires this involves recognition that the initial reform proposals to some extent represent an ideal while the outcome represents reality. It is understandable that a leader will propose reforms consistent with his vision of what is best for society; the challenge is then to convince the public that change is necessary

and to support his vision. The difficulties inherent in this task increase the probability that there will be differences between the initial stated policy objectives and the final legislation because achieving political change is complex, nuanced and beset with challenges. Consequently, it would be highly unusual to see no difference between initial reform proposals and ultimate outcome because even if a leader demonstrates no awareness of their structural constraints there are several factors external to the model that could produce change in the reform agenda and could also explain the differences between intention and outcome.

a) If yes, can these be attributed to the structural constraints?

Since it is highly probable that there will be differences between stated policy intentions and outcomes, this question asks the extent to which these observable differences can be correlated with the structural constraints that the leader initially identified with as Skowronek's model would expect. If there is a primarily positive response, the explanatory power of the model is increased.

Given that Skowronek's theory expects change to emanate from the leader, it is likely that their level of awareness of constraints affects the extent to which the differences can be attributed to the structural environment. If a leader demonstrates a high level of awareness, the ability of structural constraints to account for the differences is also higher because the changes reflect his changing attitude and approach to his political situation, which includes understanding of structural constraints that are external to the model. At the same time, it is also likely that some differences can be attributed to structural constraints even if the leader is unaware of these since they continue to operate regardless.

It is important to note that attributing observed differences solely to structural constraints would present an incomplete picture of how political change happens and the role of the leader as an agent of change. Aiming to provide the complete picture, we see that structural constraints only account for some of the differences between intention and outcome. The agency of political actors and interest groups in making and influencing decisions, both internal and external, also explain differences between intention and outcome. Should these factors provide a greater explanation then the explanatory power of the theory will be decreased. Consequently, it is reasonable to argue that some differences can be attributed to structural constraints based on the awareness of the leader and his response to his political situation, however a full picture of how political change happens requires a greater consideration of explanatory factors exogenous to the regime. While this conclusion may appear simplistic, it has important implications for the applicability of the

theory. In this context, the theory can effectively account for differences that emanate from within the regime because it expects that to be the starting point for political change. It does not account effectively for differences that result from either structural conditions outside the regime or from other factors separate to the political-institutional order.

b) If no, is it possible to observe that the given leader overcame his constraints successfully?

It is important in answering this question to determine if a leader did overcome his constraints relative to how much the model explains how change occurs in the political environment (i.e. from within the regime). Given that it is highly unusual to see no differences between policy intention and outcome, while it is possible to say a leader overcame his constraints, this is not to say that those constraints did not exist, or that he was unaware of them, because they will continue to operate regardless of his level of awareness. Instead, it is more likely that a leader's attitude and approach to their constraints changed over the course of the reform process, thus changing the proposals. Specifically, a leader may make a conscious decision to accept his constraints and modify his aims to work within their boundaries or he may embrace his constraints by changing his agenda to reflect the altered governing circumstances, thus removing them. These different responses suggest that if there are no differences between policy intention and outcome, it is too simplistic to say that a leader overcame his constraints personally; rather it is more accurate to say that the internal or external political conditions changed or the leader's attitude and/or approach to their constraints changed, therefore they could overcome them. This interpretation better reflects how political change happens relative to Skowronek's theory because it does not imagine that a leader themselves is solely responsible for overcoming their constraints. Rather, in complicating the possibilities for overcoming constraints, it includes both internal and external factors, as well as allowing the leader agency to interpret their constraints and make a conscious decision on how to respond to them. Providing a more complex picture of how political change happens does make it

possible to observe that a leader overcame his constraints successfully, however this may not always be in ways that Skowronek's theory would expect.

10. What does the outcome (legislation/lack thereof) tell us about the power of structural constraints on a leader's ability to achieve the change he desires in the context of evaluating the applicability of Skowronek's theory?

This question is intended to provide an overall evaluation of the explanatory power of the model when applied to a policy-specific context. Evaluating the ultimate legislation and its consequences will provide an insight into the extent of change. It will then be possible to make an evaluation on the leader's ability to act as an agent of and achieve the change he desires within a constraining political environment.

Using the ultimate policy outcomes in each case to determine the impact of structural constraints, it becomes clear that for all the leaders, except Tony Blair, structure and its constraining impact primarily explains the difference between intention and outcome. It is therefore possible to conclude that Skowronek's theory has some value in explaining political leadership outside the American context and is useful in analysing the leader as an agent of change. It also suggests that structural constraints act as a powerful force on a leader's ability to achieve change, regardless of his level of awareness of their impact. The greater the level of awareness the more structural constraints affect the outcome, especially in situations where the leader faces an increasingly constraining environment over time, for example in confronting changing responses in Congress/Parliament and public opinion or a changing economic situation that makes the initial proposals less financially viable. Further, in cases where legislation is passed, it is not necessarily possible to argue that a leader successfully overcame their constraints, rather it is more likely that through negotiation and compromise a leader either removed or minimised his constraints to the extent that they did not prevent him from achieving reform, even if the ultimate legislation did not exactly reflect initial proposals. The tendency towards negotiation and compromise illustrates a leader's recognition that the process of political change is complex and multi-faceted and an understanding that these things are an inevitable part of achieving political change, especially where the change represents a fundamental transformation and not merely an incremental modification. In cases where legislation failed or was abandoned, the power of structural constraints on the leader as an agent of change is more obvious. In these situations, the leader was

unable to overcome his structural constraints, whether these were internal or external. Consequently, the applicability of Skowronek's theory is increased in outcomes of failed or abandoned legislation because the theory suggests that the inherently constraining environment a leader operates in should prevent him from achieving fundamental change.³⁵ Ultimately, the American political system is designed to produce incremental change regardless of a leader's desire to do otherwise.

Analysing the outcome of reform attempts it is also evident that existing structure should be the initial consideration in assessing the factors that condition a leader's response to his environment, but with the caveat that this approach makes it more difficult to remove the leader from the centre of the analysis since a leader must necessarily be located within his institutional environment before his actions can be understood and historically situated. The question of whether it is desirable to do this is an area for potential research within the context of Skowronek's aim of establishing broad historical patterns in (presidential) leadership. It should also be noted that differences between intention and outcome, especially for Clinton can also be in part explained by factors outside the leader's control, which while decreasing the applicability of the model, does not necessarily make it less relevant. Rather this insight suggests that the political world is fundamentally more complex than the model appreciates. Nevertheless, the simple, if obvious, fact that by nature theories are never intended to explain everything, combined with the conclusion that each of the leaders examined in this project fit broadly within theory and conform to the pattern of leadership Skowronek postulated within his established regime cycle, illustrates that the theory does have value in explaining both the leadership behaviour of the chosen American presidents and to a lesser extent the leadership behaviour of British prime ministers.

³⁵ This point is less relevant to reconstructive leaders, who face the least constraining environment and therefore do possess the ability to claim authority to exercise their power in such a way as to achieve fundamental change.

Chapter 3

Establishing the Basis for the Application of Skowronek's Theory of Presidential Leadership to Britain

Introduction

Three considerations provide the basis for the application of Skowronek's theory of presidential leadership to Britain, which constitute the three sections of this chapter. The first section offers initial context and justification for the extension of the theory before examining the respective leadership environments, styles and constraints of presidents and prime ministers in order to establish the comparative basis for application. The second section surveys the "presidentialisation of politics" literature, which suggests that many Western European countries, including Britain, are moving towards a presidential style of governance, despite having parliamentary systems (Poguntke and Webb 2005).³⁶ This literature is useful as a way to anticipate and address criticisms that arise from systemic differences since it assumes that the increasing presidentialisation of political systems occurs in spite of systemic differences.

The third section assesses the potential transportability of the political time theory to the British context. It offers a brief overview of 20th century British political history with specific reference to the concept of political order. The broader aim is to determine whether it is possible to identify a similar political order to that of contemporary American politics.

Section I. Extending the Scope of Skowronek's Theory

This section focuses on contextualising and justifying the decision to extend Skowronek's theory to increase its explanatory power when applied to an empirical context. The first subsection explains why this extension is both necessary and possible. The second subsection offers a brief comparison of leadership environments, styles and constraints in the US and Britain in order to discuss similarities, differences and related criticisms relative to applying Skowronek's theory to a policy-specific context.

³⁶ The other Western European countries discussed are Germany, Italy, Spain, Denmark, Sweden, France and Finland, Portugal and the Low Countries.

i) Providing Context for and Justifying the Extension of the Theory

An expansion of any theory necessitates making qualifications and changes that are essential in order to achieve the most effective theoretical application. The greater level of detail involved in policymaking not only justifies such an extension, it also challenges some of the historical abstractions made by Skowronek in the hope of providing a more accurate reflection of the reality of political decision-making and the way in which leaders choose to exercise their power. Second, as Skowronek (1999:675) recognises, the theory was never intended to explain every event or outcome within the institutional development of the presidency. Rather, it was meant to identify historical patterns of presidential leadership. With this point in mind, making choices about which theoretical concepts and arguments to prioritise and which to minimise based on the specific aims of the project is crucial. Thus, irrespective of the country or policy area involved, it is necessary and permissible to make a discriminating selection from Skowronek's arguments and concepts as others have done (Crockett 2002) in order to achieve the most effective application.

ii) Comparing Leadership Environments, Styles and Constraints: Presidents and Prime Ministers

In order to provide further justification for the proposed extension of the theory, it is necessary to contextualise the respective leadership environments, styles and constraints in the US and Britain. The systemic environment encountered by a president and prime minister are undoubtedly different.

Lieberman (2000:299-300) provides a useful starting point in his description of the systemic differences between the US and Britain. His argument indicates that pre-emptive leadership should not be possible in Britain since certain necessary conditions must be present for Skowronek's leadership types to be realised. Specifically, he maintains:

In a party government model, a change of government is equivalent to a regime transformation, as one set of ideological dispositions, policy commitments, interests, and electoral bases displaces other. In such a system, an "opposition leader" is by definition out of power. Once the leader of the opposition comes to power, he is no longer an opposition leader; he and his party command a majority and thus constitute the government and, hence the regime.

Conversely, pre-emptive leadership is made possible in the United States because the American political system is one of separated powers (Jones 1994). Skowronek (1993:43) agrees that this leadership type "is the one most peculiar to the American constitutional system, and the

one least susceptible to role ascription.” Consequently, it is entirely possible for the president (and the larger executive branch) to be opposed to the existing regime, which can be represented by the other two branches of government as well as other influential political groups. While the president may be the most important individual in the executive branch, in reality, he must share power with two other institutions. He must also first discover where he fits within the executive relative to the existing structural conditions. The necessity of situating himself relative to existing conditions is a point that Crockett makes clearly in his *The Opposition Presidency* (2002). Indeed, in his challenge and extension of the pre-emptive leadership type, he lends further support to the intended expansion of Skowronek’s theory in this project as discussed in the first chapter. Moreover, it is clear that adding complexity to the politics of pre-emption and by identifying different types of pre-emption (and different responses of presidents to that particular leadership situation) allows us to better understand how this leadership type can potentially occur in a parliamentary system, in which the prime minister is not separate from the legislature and usually benefits from a parliamentary majority. Nevertheless, the separated system makes regime transformation much less likely; rather such a system favours incremental change, which essentially limits the president’s impact as an agent of change. In Lieberman’s (Ibid.) words:

But in the United States, with its “separated institutions, sharing powers”...these institutional conditions do not obtain. Leaders opposed to the prevailing regime do not automatically lose their status as opposition leaders upon assuming the presidency. It is possible, even usual, for parties to come and go in control of one or more national governing institution without entailing regime transformation.

As Lieberman makes clear, the structure of the US political system means that the president does not face a leader of the opposition; nevertheless, this fact does not provide an insurmountable obstacle to comparison. The difference here is the focus of the argument. The political-institutional order inhabited both by presidents and prime ministers persists despite incumbent change. For this reason, while the election of an opposition leader in Britain can produce regime change, in fact it is equally possible that they will continue to operate within the broader political order established by their predecessor. Similar to an American president therefore, a prime minister must determine his position relative to the pre-existing structural arrangements in order to decide the extent of change that is possible. Of course, he may represent an entirely different set of ideas, policies and preferences; however, the degree to which these can be enacted is largely dependent on existing conditions and his perceived authority to repudiate them. Moreover, despite winning an election, he may lack a sufficient mandate to enact these changes because like the president, the prime

minister also faces a “legitimation problem” (Skowronek 2011:11-14) that can affect both the process and outcome of his attempted policy changes.

Consequently, it is the differentiation between structure and system once again that make pre-emptive leadership possible, in spite of Lieberman’s argument, because the received commitments of ideology and interest embedded within both the regime and order do not necessarily change immediately following the election of an opposition leader. The broader ideas contained within the political order, for example state-society relations or economic management, can outlast the administration(s) of a single leader making incremental change rather than complete regime transformation more likely, as with the American political system.

Further, comparing individuals based on political agenda and ideological preference makes it possible to separate them from their system. Accepting Lieberman’s objections, a comparison of this type is also entirely possible in the US. In reality, presidents often define their aims and agendas against the opposition party as they must decide which interests to consider and which to marginalise. This decision must be taken considering the individuals and groups that are broadly supportive of opposition policies, a significant concern reinforced by the structural condition of divided government. Specifically, the strong possibility of divided government in the US as a result of separated institutions, essentially forces the president and larger executive branch to accept some of the agenda and preferences of the opposition if they hope to pass legislation and at least attempt to implement (some of) their own agenda. Thus, presidents are aware of and give significant consideration to the activities and preferences of influential members and opposition leaders in both the House and the Senate, which can have a substantial impact on policy decisions and outcomes. Indeed, as Skowronek’s theory suggests, environment, style (in this context relating to behaviour) and constraints are interconnected within the larger historical space in which a leader must operate. A leader’s place in the regime cycle is complicated by the existing endogenous structures as much as it is affected by their relationship with exogenous actors connected to the regime. Pre-emptive leaders in particular are likely to encounter a more hostile political environment. They are also more likely to define their political agenda against that of the opposition party who represent the resilient regime.

While it does not necessarily affect their individual places in the cycle, it is equally important to note at this point the different relationships prime ministers and presidents have with their respective parties in the context of conducting an effective Anglo-American comparison. The

systemic differences mean that the constraints faced by prime ministers are much less than American presidents, especially, as was the case with Tony Blair, when a prime minister has a large parliamentary majority. If popular support and a large parliamentary majority afford the prime minister increased power, it is perhaps unsurprising that authority can become both centralised and individualised, which consequently changes the relationship between environment, style and constraints, which in turn affects the ability of these factors to explain decision-making processes and outcomes of attempted reform. Indeed, it is in this context that the utility of the presidentialisation of politics literature should be examined, since this literature also focuses on the increasingly individualisation of politics and in doing so negates many of the systemic differences between the US and Britain.

Section II. Applying Skowronek's Theory to Britain

The two parts of this section establish the basis for empirical application of Skowronek's theory to Britain. The first uses the presidentialisation of politics literature as the scholarly precedent for the comparison, which broadly argues that Western parliamentary democracies have been more presidential in their functioning in recent years. The second subsection provides evidence of a further shift towards presidentialism, which leads to a discussion of some critiques of the presidentialisation thesis as a way of anticipating criticisms of the intended transatlantic comparison.

i) The Presidentialisation of Politics: The Basis for an Effective Anglo-American Comparison

The discussions that occurred between scholars in the post-Watergate era when American academics began to re-evaluate their presidential system at the same time that the prime-ministerial government thesis was introduced in Britain, illustrates the existence of a mutual learning process. Significantly however, from a point of debate in the 1960s, there is now no longer a meaningful dialogue between scholars, but rather a general acceptance of the increasing movement towards presidentialism within the parameters of the British parliamentary system. Indeed, this acceptance provides the context for the "presidentialisation of politics" literature, in which scholars (Mughan 1993, 2000; Foley 1993, 2000, 2004, 2008; Kavanagh and Seldon 2000; Hargrove 2001; Allen 2003; Norton 2003; Heffernan 2003; Helms 2005; Bevir and Rhodes 2006; Poguntke and Webb 2005; Heffernan and Webb 2005; Webb and Poguntke 2013) now recognise and systemically

evaluate the increasing overlap between British political leaders and their American counterparts, often taking the United States as “the global role model of presidential government” (Helms 2005:430).

Focusing on individual leaders, the literature both directly and indirectly magnifies the agency of these leaders, which provides further support for the objective of reconciling the disparity between structure and agency within Skowronek’s model. Increased balance is necessary to reflect fully the complexity, not only of how political change occurs within political time, but the extent to which a leader’s constraints are consistently interpreted and reinterpreted through an interactive relationship between the structure he operates within, and the agency he has, based on the conscious choices he makes in terms of how to exercise his power and which policy reforms to pursue.

Significantly however, discussions of individual leaders should not only consider particular circumstances related to a specific leader at a specific time, but rather that it is necessary also to evaluate structural change over time to avoid the critique that some British prime ministers are “presidential” based on their personality, while others are not. In short, a leader should be placed in context. In doing this, not only does it become easier to apply the political time theory to British prime ministers and the British political model as a whole; it also allows for a depth of comparison that fully appreciates the interconnectedness of the overarching structures at the macro-level and the importance of individual agency in lessening the constraints imposed by those structures at the micro-level, something which should be empirically demonstrable when applied to policy-specific contexts.

Over the last decade, the “presidentialisation of politics” literature has provided the context for the scholarly debate regarding the evident shift of prime ministers towards presidentialism. Many of these scholars (Foley 1993, 2000, 2004, 2008; Allen 2003; Helms 2005; Bevir and Rhodes 2006; Poguntke and Webb 2005) now accept this analogy (Foley 2008), discussing instead the *extent* to which British political institutions (Hargrove 2001) and specific leaders can be viewed as presidential. Margaret Thatcher and Tony Blair are the most obvious individuals in terms of illustrating the movement towards presidentialism in British politics (Foley 1993, 2000). Yet, as individual leaders they remain vulnerable to the critique that presidentialism is merely an anomaly explained largely through personality and therefore will not extend beyond their administrations. In light of this argument it is interesting to note that Thatcher and Blair are only separated by John

Major, a figure considered to be much less presidential than either his predecessor or successor (Foley 2002). Nevertheless, looking at the empirical evidence from the period 1979 to 1997 it seems unlikely that the five years of the Major premiership represented a full return to the *primus inter pares* position of the prime minister that characterised cabinet government following the alleged presidentialism of the Thatcher years. In fact, Major illustrates that it is too simplistic to divide prime ministers in these categories, either “presidentialist” or “cabinet-centered” since each leader has their unique style that is often dictated by a need for differentiation from their predecessor (Foley 1993) as much as it is a response to the different circumstances and political challenges they confront. Thus, pragmatism may at times overtake a consistent commitment to a specific style, especially in terms of the different approaches to domestic and foreign policy.

By the early 1990s, the foundations necessary for a permanent shift towards presidentialism existed. The media continued to “personalise” politics by consistently focusing on the leader to the extent that he/she became the “center of government” (Lowi 1985). Campaigns also became more personalised and candidates began to be judged as individuals separate from the party they represented. Indeed, Foley (1993) makes this argument when discussing Thatcher’s decline and eventual resignation. As Britain moves closer to presidentialism both institutionally and empirically, the American president and the executive branch has provided the most obvious point of comparison, for academics and politicians alike, regardless of whether this analogy is interpreted as positive or negative.

Since the 1990s there has also been a shift in the institutional practice of British politics, especially with regard to election campaigning, and more specifically candidate selection and prime ministerial debates. Although the Conservatives were the only party to experiment with primary elections in 2010, there has also been discussion of their utility among Labour and the Liberal Democrats.³⁷ In recent years, British election campaigns have become “more candidate-centred, with parties offering leaders greater prominence in their election campaigns and the media devoting greater attention to them” (Heffernan and Webb 2005:56). As such, the introduction of presidential style debates in both the 2010 and 2015 elections brought the UK much closer to their American counterparts and to other liberal democracies. In 2010, both the use of primaries and televised debates between the three main party leaders had the effect of making election

³⁷ A November 2011 report by the Institute of Government recommended that all parties should use primary elections for the purposes of candidate selection.

campaigning more individualistic as opposed to party-centred.³⁸ In primaries, although representing their party, it is necessary and important for candidates to differentiate themselves and to make direct appeals to voters, thus politics is again individualised. Furthermore, the increased number of debates and the party leaders invited to participate in them in the 2015 election only served to reinforce this argument, as British politics becomes simultaneously more pluralistic and individualistic.³⁹ Thus, it is unsurprising that these changes caused a consequent shift in the relationship between the respective party leaders and the media, as in both elections they received the overwhelming share of media attention and discussion (Gould 2011; Mughan 2000). The most important question and discussed outcome of the debates was the extent to which their introduction contributed to an increase of the already demonstrated presidentialisation of British politics (Foley 2003:171-181; Wring and Ward 2010).

In addition, the argument that the internet would be a dominant force in the campaign was made using President Obama's 2008 campaign as a precedent. In actuality, although the internet and social media sites were less significant than some commentators predicted (Wring and Ward 2010:811), there are clear parallels with the most recent American campaigns. These parallels again indicate that a shift has occurred. In setting a precedent, both the debates and the use of primaries provide further evidence that the movement towards presidentialisation is unlikely to be reversed. Undoubtedly, while the British political and media environments are different from America, the media are also moving towards presidentialisation when it comes to election campaign reporting (Mattinson 2015). This shift has contributed to an implicit presidentialisation because although not constitutionally separate from the legislature, the prime minister is portrayed as the ultimate decision-maker, an image that is then largely accepted by the general population and reinforced in the media.

ii) Comparing the British and American Political Systems: Anticipating Criticisms

Speaking to the need to anticipate criticisms, arguing that Tony Blair became more of a presidential figure, Foley (2000; 2003) justifies his argument through his acknowledgement of potential responses that can undermine this analogy as a valuable analytical tool. Significantly, for the

³⁸ For a discussion of the impact of the Leaders' Debate in 2010 on evaluations of leaders and voter choice see Pattie and Johnston (2011:147-177). For a journalistic analysis of voter reaction to leader performance in the 2015 Leaders' Debate see Mattinson (2015).

³⁹ The debate of April 2, 2015 in which seven party leaders participated, including those from Scotland and Wales, largely resembled an American primary debate, both in format and in terms of number of candidates.

purposes of this study, these critiques can be broadened in order to apply to a larger comparison of the respective political structures. According to Foley (2000:10-13), there are four main criticisms of the presidential analogy. First, the nature of the British constitution is such that it can be decisively demonstrated that the two countries have evidently different “institutional, electoral and party organisation.” Second, the presidential analogy is seen as a critique of Blair and the New Labour ideology that can be used by the opposition as a “source of political leverage.” Third, “cultural prejudice and intellectual tradition” validate the view that the potential existence of a so-called British president represents an “alien intrusion” into British politics. Finally, Blair’s presidential leadership is explained in context, as “inevitably temporary aberrations based upon an idiosyncratic mix of personality and conditions,” (Ibid.) which will not last beyond his premiership because within the British political system, leaders rely on the support of the cabinet and their party.

These critiques while superficially persuasive have much less significance in practice. Since the British constitution is largely unwritten, it involves an inherent flexibility that has in fact been successfully manipulated by recent prime ministers to consistently increase their power and by extension, authority. While it is accurate that Britain and America have different political organisations and electoral processes, by itself this does not prevent comparison, largely because as previously argued, the structural similarities offset the systemic differences when it comes to effective comparison. Indeed, although each country may have different institutional, electoral and party organisation, the president relies on advice from and support of executive agencies and members of his party in Congress when making and justifying decisions in a comparable way to the British prime minister, who relies on government advisers and members of his cabinet. In addition, British electoral politics have become more Americanised (Foley 2000). Moreover, if individual leaders, rather than whole systems are the point of comparison, the organisational differences are less important, as are the British constitutional arrangements. Focusing on individual leaders, and specifically Tony Blair, it becomes much harder to claim that only negative consequences occur from the movement towards presidentialism if there is a high level of confidence in the leader and government policies are supported by a majority of the population.

In addition, making the Anglo-American comparison is possible precisely because these countries share common political ideals and values based on liberal democracy. Thus, not only is the notion that a particular prime minister “personally transmuted” the British government,

tantamount to an “alien intrusion,” too strong (Foley 2003); it neglects to consider the historical and political context from which the structural similarities and mutual political learning between Britain and America emanated. Finally, the inherent subjectivity of the final critique severely weakens it to a point that it should be not taken seriously. In the contemporary era, using circumstances and personality to explain a significant shift in the power balance of government towards the prime minister displays a naivety about a situation that is certainly not unique to Tony Blair or his leadership style (Foley 1993:60-68). Moreover, it is reasonable to argue that the movement to a presidential style of leadership began with the election of Margaret Thatcher in 1979 and has continued into the present.⁴⁰ Thus, there is reason to believe that the development of presidential government in Britain, although it remains implicit and *de facto* in systemic terms, is actually more than “merely contingent” (Heffernan and Webb 2005:27) on personality and circumstance.

Section III. Establishing an Historical Basis for Comparison: The Concept of Political Order and 20th Century British Political History

This section uses the concept of political order as a way to establish empirical similarities between the US and Britain. It demonstrates that there is considerable overlap in the 20th century political orders in both countries, thus reinforcing the argument of this chapter that comparison is both possible and valuable. Indeed, it is precisely the perceived need to re-evaluate the existing temporal categories in presidential studies that provides the motivation for the “new” classifications contained within Skowronek’s theory. Moreover, providing an alternative periodisation of presidential history was a primary objective for Skowronek, thus it must contextualise a discussion of 20th century British political history. Consequently, any attempt to periodise political history must consider the importance of political orders as a way of understanding change over time, which

⁴⁰ Significantly, Berkeley (1968:87) arguing for restricting prime ministerial power, made unfavourable comparisons between the British prime minister and the American president in 1968, a decade before the election of Margaret Thatcher.

is crucial when it comes to identifying structural similarities between Britain and America that will make comparison possible.

i) How does the Concept of Political Order Fit with Recent Interpretations of British Political History?

The aim of this section is to determine whether it is possible to periodise – divide time periods chronologically – British politics in the same way as American politics and if so, whether the prime minister can also be located within these delineated periods in terms of the impact of pre-existing institutional conditions on his behaviour and leadership style. Moreover, using the temporal, periodising approach that is common in APD enables Skowronek's theory to act as both a starting point for this empirical discussion and a framework through which to facilitate an effective comparison.

The first part of the twentieth century will be briefly discussed in one section, spanning the years before the First World War, the changes of the interwar period, up to the Second World War. Thereafter, four periods are identified within the second half the twentieth century: post-war consensus, crisis and decline, Thatcherism and Post-Thatcherism, which will be discussed in the second section.

a) Consensus and Conflict, Consensus and Continuation: 1900-1939

By 1900, the Victorian liberal consensus that had dominated the previous decades was much weakened. Indeed, "the problem that was increasingly evident by the 1890s was that, for all the high-minded principles underlying the Victorian consensus on the minimal state, the liberal economy, decentralisation, probity in public life and the responsible involvement of citizenry, serious social problems remained" (Thane 1990:48). Nevertheless, politics remained largely determined by this consensus in the first decade of the twentieth century as both parties still believed "social tensions and crises were...to be containable within a slightly modified liberal framework" (Ibid.:50). Despite an incrementally discernible movement for change since the 1880s, "what is perhaps most surprising about the Edwardian period is, not that traditional notions of government were challenged, but...the extraordinary tenacity with which mid-nineteenth century principles and practices survived (Harris 1990:68-69). Thus, the dominant political order at the beginning of the twentieth century, supported by both parties, was that of Victorian consensus, albeit in an ever-weakening form as it confronted the challenge to laissez faire and increasing

ideological support for socialism (Bédarida 1991:109). Although insufficient to indicate a definitive break from the old order, these changes produced a radicalism that indicated the beginning of the second wave of democratisation, which “coincided with the arrivals of the Liberals to power and the active reforms carried out from 1906 to 1914 by the radical wing which dominated the government” (Ibid.:140). It would take war for the old order to collapse completely.

The advent of the First World War in 1914 brought inevitable change such that “Lloyd George’s wartime premiership may be seen as a crucial turning point in the evolution of modern British politics and the modern British state” (Harris 1990:71). Moreover, by 1918, the diminishing of the Liberal Party, especially its traditionalists, signalled the definitive end of the Victorian consensus, as the Labour Party became the main opposition party (Ibid.:74). It was clear that these years of unprecedented global conflict ushered in not only a new political order, but had laid the foundations of modern British politics: it was “a profound break with the past” (Bédarida 1991:170). On a practical level, state control replaced laissez-faire, politics became collectivist and the sense of unity produced from conflict overcame the strict Victorian class divisions.

The new political order brought by war became less clear in the interwar period, “relations between government and people...were therefore in a highly fluid and contingent state” (Harris 1990:74), something reflected in the various academic debates that discuss how these years should be interpreted (Pearce and Stewart 2002:369-371). The main controversy lies between those who interpret the period as one of “misery” and those who interpret it as a period of “social and economic progress.” Nevertheless, a new political order had begun with politics and society irreparably changed; at the same time mass unemployment, a sense of decline, and uncertainty over the Empire, all contributed to a “resistance to change” in this twenty-year period, such that “more people voted Conservative than for any other party at every single election throughout the interwar years” (Harris 1990:76). Thus, the new political order was defined by a different kind of consensus, both Conservative and Labour politicians wanted to avoid appearing too radical, especially in comparison to other political environments, notably bolshevism. Economically, the lack of knowledge of politicians from both parties caused consensus to emerge largely by default, since both offered the “same recipe” (Pearce and Stewart 2002:361).

Ultimately therefore, we see two political orders in the first part of the twentieth century, both defined by consensus, both changed by conflict. The first from the 1840s to 1914, a Victorian, liberal consensus, dominated by laissez-faire and strict class division; and the second, from 1914

to the late 1970s, a conservative consensus defined by resistance to change, breakdown of class division and economic progress. Throughout the war years this new order saw unprecedented change that slowed after 1918 and during the interwar years. The First World War, while clearly the beginning of a new order should be viewed as a period in which combating an extreme threat required a new kind of politics. The fact that this politics, combined with the rise of labour and the Labour Party in the 1910s and 1920s as a new political force, so quickly became consensus after the war illustrates the extent to which the political order had become entrenched and the changes accepted.

b) Post-War Consensus and Decline: 1945-1979

In much of the literature that concentrates on the two decades after WWII, the notion of a post-war political consensus has been “almost automatically invoked to characterise the salient features of public policy in Britain in the years after 1945” (Kavanagh 1992:175; for a more recent analysis of this period see Hickson 2004); yet the use of this term remains controversial and open to debate (Seldon 1994; Jones 1996; Jones and Kandiah 1996). Rather ironically, the concept of consensus came to prominence with the publication of Paul Addison’s *The Road to 1945*, written in 1975 at the time when the consensus had collapsed (Kavanagh and Morris 1994:1) and Britain was perceived to be in decline. Nevertheless, for the purposes of this study it is sufficient to note the two broad uses of the term as highlighted by Kavanagh and Morris (Ibid.). First, it “refers to a *style* of government characterised by institutionalised consultation between government and the major economic actors, including notably the trade unions.” Second, the concept symbolises a “*range of policies* that were pursued by governments of both parties between the late 1940s and the mid-1970s.” Indeed, the second use is more relevant here in that it suggests an implicit ideological agreement between the political parties in terms of the majority of policies they advocated, especially regarding the welfare state. In essence, the parties disagreed only on the *extent* to which those policies should be implemented. Thus, the post-war political order was marked by a lack of ideological differentiation and the success of collectivist ideas that increased welfare state provision consistent with other Western industrial states during the same period (Ibid.:4).

By the mid-1960s, the post-war consensus had begun to collapse (Pugh 2008:327). A feeling of decline replaced consensus in both politics and society more broadly, something evidenced by the depth of the “declinism” literature (Tomlinson 2003) produced in the 1960s (see for example Koestler 1964). This literature can be divided into three general categories: economic,

historical-cultural and political. The first focuses on Britain's *economic* decline (Warwick 1985; Coates and Hillard 1986; Collins and Robbins 1990; Gamble 1994a; Supple 1997) and the loss of Empire (Kavanagh and Morris 1994:18; Tomlinson 2003). The second gives a *historical* and *cultural* perspective, that focuses on the process of decline (Gamble 1994a); and the third offers a *political* account, largely based on a critique of two-party system (Finer 1975) and the behaviour of political elites (Barnett 1972, 1986; Wiener 1981).

Despite these differing explanations, much of the literature implicitly attributes Britain's deterioration to the larger economic decline that stemmed from the loss of the British Empire (Clarke and Trebilcock 1997; Feinstein 1997:212-233; Tomlinson 2003) and produced a consequent change in British foreign policy. From being broadly expansionist, foreign policy was marked by the protection of British interests. These economically-centric accounts necessarily involve an historical consideration of their ever-weakening global position, which by the 1970s as Gamble maintains, (1994a:xix) had become "increasingly unsupportable," which in turn exacerbated political and social tensions. During the 1960s and 1970s, these difficulties produced a series of crises over public expenditure and pay (Ibid.:xv) that provided much support for the belief that Britain was indeed in decline. Thus, it is clear that from this perspective the notion of decline is explained in inherently economic terms; the impact of politics and culture is viewed in relation to the economic context. Over the course of the 1960s and 1970s there were concerted efforts by successive governments to reverse this perceived decline; however, the ultimate failure of these attempts was successfully manipulated by Margaret Thatcher and the Conservative Party prior to the 1979 election as part of their "free economy strategy" (Ibid.:186). This strategy included rejecting corporatism and acting against the expressed desires of the trade unions (Crafts 1991:82).

c) **Thatcherism: 1980s-1990s**

The election of Margaret Thatcher in 1979 proved to be a "turning point" in British politics and society (Pugh 2008:343). In view of this argument and with the benefit of hindsight there is broad agreement that the 1970s saw the establishment of a "new conservative politics" in Britain that became entrenched over the course of the 1980s and was most clearly manifested in the actions of both Thatcher in Britain (Gamble 1994b:12) and Ronald Reagan in America, such that it is possible to classify these elections as the beginning of a new political order in both countries.

In terms of defining Thatcherism (Hall 1979), Jessop et al. (1988:5-11) offer six different approaches, of which four interpretations are empirically valuable. First, it is possible to define Thatcherism with reference to her personal qualities, thereby illuminating her individual agency and separating her from the political structure both of the Conservative Party and the larger political system in which she is embedded. Second, Thatcherism could relate to Thatcher's style and leadership. Third, Thatcherism could be defined relative to the policies pursued by the Conservative Party under her leadership. These policies include welfare state retrenchment, the demise of Keynesianism (Skidelsky 1996:41-66) and the shift to monetarism, a conscious move to decrease the power of trade unions, lower taxes and increasing privatisation (Rubinstein 2003:317). Finally, a more general understanding that considers "the changing strategic line of the Conservative Party as organised under the Thatcher leadership" could be used as a definition. The authors conclude, Thatcherism "is the vehicle through which a distinctive economic strategy, new state form and hegemonic project (Gamble 1994b:12-32) are being developed for Britain" (Jessop et al. 1988:11). Essentially, this interpretation is an attempt to combine the policy-oriented approaches with the agency-based definitions. Similarly, Atkinson and Savage (1994:9) attempt to combine ideological and structural elements by defining Thatcherism as "a contradictory articulation of neo-liberalism and neo-conservatism presented in a populist manner, constrained by...pre-existing institutions, organisations and political forces." Significantly, the idea that Thatcherism is in part constrained by pre-existing institutions dovetails with Skowronek's claim that structural constraints limit presidential action, suggesting a valuable point of overlap.

In contrast to Jessop et al., Bevir and Rhodes (1998:97-119) construct "narratives of Thatcherism," noting that there is "no monolithic, unified notion of Thatcherism" either in relation to a distinct ideological programme or a specific leadership style. The first tradition, "Tory" corresponds to the need for "party and electoral survival" within the broader conservative concern with "tradition, authority and continuity." An awareness of the centrality of these concepts to existing conservative thinking was reflected in Thatcher's commitment to strong leadership and her grasp of the arts of statecraft" (Ibid.:102; Bulpitt 1986). The second tradition, "Liberal" sees Thatcherism as the restoration of nineteenth-century liberalism in its desire to "reverse Britain's decline, both economic and international." The third tradition, "Whig" fits well within the Westminster narrative (Ibid.:104; Tivey 1988) that focuses on "Britain as a unitary state characterised by: parliamentary sovereignty; strong cabinet government; accountability through

elections, and majority party control of the executive” (Ibid.:104); all of which are reflected in the individualism contained in Thatcher’s leadership style and the centralisation of politics in Westminster. Finally, the “Socialist” tradition views Thatcherism as a “response to the crisis of capitalism.” There are essentially two competing narratives in this tradition: “the political economy of Thatcherism” (Gamble 1994b) and “the developmental state” (Marquand 1988), however both interpret Thatcherism as a “local response to this crisis,” essentially an attempt to domesticate a global crisis that affected many developed economies in the 1970s and 1980s.

On the basis of this range of definitions, if we accept Thatcherism as a multi-faceted concept that included the leader herself, the Conservative party, the conservative ideology and a specific political programme, despite their differences in approach, both sets of authors would agree that the election in 1979 signalled a desire for change on the part of the British electorate. What is more important is whether this change was significant and sufficiently far-reaching to be identified as the beginning of a new political order and thus to label Thatcher a reconstructive leader. Speaking to this question, Thatcher certainly embraced the expressed desire for change, rhetorically and politically, claiming a mandate to change the direction of British society, believing that this mandate also legitimated her actions. These new and different political and economic programmes that were accompanied by a clear change in language that focused on free market and individual responsibility, were not without context. They emerged not only as an alternative to the socialist policies offered by Labour under Michael Foot and Neil Kinnock in the 1980s, but also contrasted with the style and the policies of post-war conservatism (Gamble 1994b:69).

In essence, therefore, by 1979 the circumstances existed for regime transformation in view of the declining support for the minority Labour government, under the leadership of James Callaghan. Consistent with Skowronek’s description of a disjunctive leader, Callaghan lacked the authority to define and control his agenda as well as the outcomes of his actions since he could not command sufficient support from his party in government. Moreover, without a majority, he did not have the necessary political allies to establish credibility, which would have been necessary for him to claim the authority to resurrect the regime and offset the (opposition) groups calling for change. Thus, Thatcher was afforded the opportunity to change the received commitments of ideology and interest that had defined post-WWII British politics.

d) A “Major” Effect or a Continuation of Thatcherism: The Conservative Party under John Major: 1990-1997

Given the circumstances in which John Major became leader of the Conservative Party after Margaret Thatcher’s resignation in 1990, it is reasonable to assume that at least prior to the 1992 election his policies represented a continuation of Thatcherism, despite a somewhat different leadership style.⁴¹ Rather than focusing on change, it is more important with Major to determine the extent of continuation within the existing entrenched regime cycle. In other words, did the transfer of power from Thatcher to Major strengthen or weaken the existing regime, or was the *status quo* largely maintained? Indeed, speaking to this question, in an aptly titled book, *The Major Effect*, Kavanagh (1994:4) concludes that there was no “Major effect.”

Referencing Thatcher as the beginning of an analysis of Major’s leadership and policies implies that both were essentially a continuation of Thatcherism, even if in hindsight this was more by default than choice. This is not to say that Major was inactive in his actions or policy agenda, but rather he actively accepted the need to maintain the *status quo* and this decision then defined many of the policies he chose to pursue. After a narrow election victory in 1992 and with a majority of 21, Major acted in such a way that securing the *status quo* was his primary objective, which is entirely consistent with Skowronek’s classification of an orthodox-innovator; a leader who attempts to build upon the political programme of his predecessor. Thus, continuing to pursue Thatcherite policies was almost inevitable, and manifested in “continuity on privatisation, trade union reforms and the commitment to lower income tax (Kavanagh and Morris 1994:141). Ultimately, he “presided over the Thatcher legacy” and did not attempt to establish “Majorism.” The Major years were defined by a general acceptance of the vast majority of Thatcher’s policies, although this was not because Major lacked ideas or the support of his colleagues, but rather that the focus was on incremental and not rapid change. Moreover, although Major’s leadership style contrasted significantly with that of his predecessor, this difference alone was not sufficient to produce a break with the Thatcherite order. Not only were the circumstances for regime transformation absent, in fact, also consistent with Skowronek’s theory, it would have been almost impossible for Major to implement a new order precisely because of his position as an orthodox-innovator.

⁴¹ On Major’s leadership and the impact of personality on leadership style see, Jones and Hudson (1996:229-244).

In addition, there is a consensus among scholars that Major's premiership represented a continuation of Thatcherism in terms of the policies he pursued⁴² (see Theakston 1999:26-44) and the ideological position of the Conservative Party during his premiership (Dorey 1999b:226-235). There may have been different levels of emphasis in certain policy areas, but there was no break in the conservative political order established by Thatcher in the 1980s. Importantly though, as Dorey (Ibid.: xvii) argues, it was not that Major lacked personal ideas or preferences; rather Major *chose* to follow a "predominantly Thatcherite" agenda, making the difference one of style, not substance. John Major was a "reconciler, not a warrior" (Kavanagh 1994:17); he was "Thatcherism with a human face" (Kavanagh 2009:4).

e) Post-Thatcherism: Tony Blair and New Labour, 1997-2007

An analysis of the post-Thatcherite era should begin with recognition that prior to 1997 both parties had moved towards the centre of the ideological spectrum (Kavanagh 1994:15). As such, New Labour was simultaneously defined by Thatcherism and was post-Thatcherite (Driver and Martell 1998:3). Although seemingly contradictory, in fact this aptly situates New Labour as a different phenomenon that was necessarily responding to the existing political environment in which it had to govern. Tony Blair was claiming authority to intervene in the development of British politics, and before change could be achieved it was necessary to accept the existing conditions bound up in Thatcherite ideas and policies. For this reason, Blair and New Labour's policies were at times both a reaction to, and a reflection of Thatcherism (Driver and Martell 1998:3).

In terms of ideology, it is important to determine the extent to which the Labour Party under Blair's direction moved consciously away from the Left in order to become an electorally viable alternative to the Conservatives. Evaluating the significance of these changes in the context of the post-Thatcher era and the emergence of New Labour, makes it possible to see whether Blair as leader, and New Labour as a specific set of policies and preferences, represented either an ideological continuation or definitive break from Thatcherism and the conservative political order. Merely representing an ideological alternative however, is insufficient for Blair to be characterised as reconstructive, precisely because in Skowronek's formulation a pre-emptive leader is one that is opposed to the existing regime, therefore offering an ideological alternative is almost inevitable. In terms of the creation of a new political order, the Third Way as political and ideological

⁴² In an edited work by Peter Dorey (1998), each of the contributing scholars, writing on a wide range of policy areas implicitly agree that Major was a continuation of Thatcherism.

alternative would have needed to be founded on more than political pragmatism since it would have had to produce a substantial change in either the governing arrangements or the received commitments of ideology and interest.

Beginning to differentiate between the ideological and the personal through an assessment of the ideology and policies of New Labour, Driver and Martell (1998:158-161) offer a useful starting point in providing four interpretations: New Labour as a “marketing and media creation”; “New Labour as Old Labour in disguise” (Willetts 1997), New Labour as a modernising force (Gould 2011); and New Labour as “Thatcherism Mark II.” The final two interpretations, the modernisation thesis and the Thatcherite consensus thesis (Driver and Martell 2002:18-20) warrant further discussion. The first group maintains that Labour, became part of a Thatcherite consensus (Hay 1997), sharing an “authoritarian populism” with Blair as the “son of Margaret” (Hall 1994, quoted in Driver and Martell 2002:18-20). Thus, “by the time of the 1997 general election, Labour offered little more than Conservative policies minus the discredited Tory politicians. In government, its policies continue to reflect a common neo-liberalism and often neo-conservatism with Thatcherism” (Driver and Martell 2002:18-20). Gamble (1998:15) makes a similar argument, stating that Labour won a convincing election in 1997 precisely because they represented a “new consensus” based on Thatcher’s neo-liberalism. Thus, they provided a “safe alternative” for Conservative voters to the extent that their 1997 election manifesto reflected that of the Conservatives in 1979 (Heffernan 2001; 2003:49).

In contrast, supporters of the modernisation thesis locate New Labour and their policies as part of the “long tradition of Labour revisionism, especially that of Crosland and Gaitskell in the 1950s” (Driver and Martell 2002:18-20). Moreover, modernisation of the party is crucial to understanding the emergence of New Labour as a response to “contemporary circumstances.” Taking this argument a step further, it may be the case that Labour moved ideologically closer to the Conservatives; however this shift was not dictated by the dominance of the Conservatives under Thatcher, but rather reflected a perceived need on the part of Tony Blair and younger members of the Labour Party to respect and respond to the changing desires of the electorate. Voters were increasingly demonstrating that traditional Leftist politics characterised by trade union power and state ownership, were effectively outdated and no longer represented the interests of Labour voters who aspired to move into a “new middle class” (Driver and Martell 2002:5). In short, *New* times equalled *New* Labour (Gould 2011). Although the foundations for this shift

existed prior to 1997, more than any of his predecessors, Blair possessed the political skill that enabled him, rather than the Labour Party as a whole, to appeal to this new group. Blair made the concept of “New Labour” seem real and believable, and he portrayed himself as a leader who understood their problems and could offer a new solution.

Ultimately however, the policies and ideology of New Labour combined elements of both Thatcherism and modernisation. It is difficult to reflect the political reality without considering both approaches since these interpretations offer an either/or approach. In other words, as much as Labour after 1997 embodied the Thatcher consensus, they also went “beyond” Thatcherism (Driver and Martell 2002:20-24), to create new policies and politics that they believed much more accurately reflected the needs of a changing British electorate.

Making an argument that focuses on the similarities between Thatcher and Blair is not to undermine the importance of the differences that did exist. There was a shift in the dominance of interests between Thatcher and Blair, both in rhetoric and substantive policies: they were more “inclusive and less divisive” (Savage and Aktinson 2001:15). While Thatcher was more concerned with “rolling back” the state, that is limiting welfare provision in key areas such as old age pensions, housing and income support (Pierson 1994), Blair took a different approach to welfare state policies, recognising a social responsibility to citizens that had been absent in the Thatcher years. Thatcher and Blair also differed significantly in their approach to Europe. Thatcher chose to prioritise the transatlantic relationship, especially her relationship with Ronald Reagan, while adopting a “negative and defensive” policy towards Europe (Carr 1990). Blair took a “new, positive tone in the EU” that in contrast to the Conservatives, included an increased willingness to discuss substantive policy areas such as human rights and the environment (Hughes and Smith 2003:231-236).

Ultimately, taking the insights from the Thatcher period and applying them to British politics of the 1990s it has become clear that it is not possible to argue that the emergence of New Labour represented a new and distinct political order. There was no comparable political and economic breakdown prior to Labour’s election victory in 1997 and, also unlike the Conservatives under Thatcher, “New Labour’s modernisation is not a homogeneous project” (Richards:1998:37). Despite Blair’s desire to “end the hegemony of the Conservative Party in British politics,” in fact Thatcherism remained the dominant political ideology as the Labour Party moved towards the centre of political spectrum (Kavanagh 1994:15). As a result, New Labour could not and did not

break with the existing political practices or policies as much as was necessary to establish a new political order. Moreover, “Blairism” (Atkinson and Savage 2001) was vague and lacked definite meaning: it was, accordingly, too weak to signal the emergence of a new political order.

Thus, Blair and New Labour cannot be sufficiently ideologically differentiated from their predecessors, nor can they be as readily identified with a specific ideology and a set of ideologically-orientated policies, as was possible with Thatcher, Reagan and the “conservative revolution” of the 1980s (Adonis and Hames 1994). Pearmain (2011:18) summarises this argument when he notes that while New Labour may have hoped to represent a transformative change in the Gramscian style, in fact New Labour was a “transformist accommodation within the parliamentary political-electoral framework, to the deeper epochal shifts in our economy, culture and society, engineered by the broader “inactive revolution” of Thatcherism.”

In fact, the failure of Blair and New Labour to signal a new political order exemplifies a movement towards the “presidentialisation” or “personalisation” of politics (Poguntke and Webb 2005). Not only are there clear parallels between Thatcher and Blair as leaders, and Thatcherism and New Labour as political programmes, but they indicate a larger commonality with the American president and the American political process that is demonstrated in “the perceived influence of American campaigning techniques and media coverage on British electoral politics” (Driver and Martell 2002:17). Consequently, it remains reasonable to believe that broadly similar political orders existed, and similar ideological shifts occurred in the post-war era in both Britain and the United States, highlighting the appropriateness of characterising Major as an affiliated leader and Blair as a pre-emptive leader.

Conclusion

This chapter has demonstrated the potential for the effective application of Skowronek’s theory to Britain. Shifting the focus of the theory away from generalisable historical patterns has shown that it is necessary to make a number of adaptations to the theory in order to give it the greatest degree of explanatory power. In addition, a discussion of potential critiques of the intended comparison has demonstrated that none poses an insurmountable obstacle and that the level of analysis (structural not systemic) and the focus of the investigation (individual not system) makes it reasonable to argue that despite their systemic differences, both presidents and prime ministers share similar constraints to which they react in similar ways. In addition, the need to secure

executive legitimacy ensures that despite gaining their power and authority from dissimilar systemic sources, both presidents and prime ministers share this common, overarching, goal that will ultimately affect the extent to which they can shape their legacy.

On both sides of the Atlantic, inhabiting an environment defined by democratic politics and a common language necessarily give both sets of leaders many more shared starting points. A comparable ideology and political vision that shows how personal ideas, motivations and preferences can not only affect the leader as agent of change, but also change the structural environment is equally important to ensuring a successful comparison, such that structure is not as fixed as Skowronek thinks. Thus, returning to Lieberman's (2000:301) suggestion that "the new challenge for analysts of presidential power is to join structure and agency to explore further the structured choices that presidents face," this chapter has offered justification for the transportability of Skowronek's theory. The aim is to effectively respond to this challenge in order to reflect more accurately the political environment that a leader must operate within and how a leader responds to the conditions within that environment.

To address this challenge more definitively it is now necessary to move onto the application of the theory to a policy-specific context – health care reform – to address this challenge more definitively and to robustly test Skowronek's theory.

Chapter 4

Applying Skowronek's Model: The Leadership Politics of Health Care Reform, 1990-1997

Introduction

The seventeen-year period of the case study is divided in two chapters: the first from 1990-1997 and the second from 1997-2007. This chapter has four sections. The first section contextualises the case study, and then provides an overview of historical institutionalism and APD in health care scholarship in order to establish the methodological context for the empirical application of Skowronek's theory. This section will also highlight the interplay between institutional structure and political agency in relation to these approaches; that in turn provides the basis on which the reforms are evaluated. It is important to note that by situating Skowronek's theory within this literature it is not the intention to argue that the theory only explains this policy area, but rather to suggest that health care reform provides an effective case study, although there are other potential policy areas to which the theory could be valuably applied. The third part of the first section offers a brief survey of the comparative literature on the political aspects of Anglo-American health care reform, focusing specifically on health care reform as a political issue, in which leadership plays an important role in the outcome of proposed reforms (Hacker 1997a). The final part of the first section offers a brief comparison of the structural environments of each country with the intention of giving further context for case study in terms of identifying systemic differences and offering a more effective basis for joining structure and agency. Each of the subsequent sections focuses solely on an evaluation of the major policy initiatives of the chosen leaders, proceeding in chronological order, beginning with the George H.W. Bush administration in 1990 and finishing at the end of the Blair government in 2007. Comparisons between leaders are drawn throughout, although each leader is discussed in individual sections.

The specific leader sections begin with a discussion of the health care reforms of George H.W. Bush (section two) and John Major (section three) evaluating the extent to which both leaders followed the policies of their predecessors as is consistent with affiliated leadership. The chapter finishes with an evaluation of Bill Clinton's health care reforms (section four), focusing on the *Health Security Act* 1994 and determining the extent to which this plan reflected Clinton's preemptive categorisation.

Section I. Health Care Reform and Political Leadership

i) Context

During the 2010 debate over the Patient Protection and Affordable Care Act (PPACA), many Americans viewed the intensely partisan battle as “pure politics” (Hoffman 2012:212). In fact, the majority of reform attempts to the American health care system over the previous century can be viewed in this way, thereby reinforcing the importance of political leadership. Indeed, leadership is especially important when, as was the case with both Clinton and Obama, the legislation becomes inextricably associated with the president, and thus success or failure is viewed as a test of his personal leadership skills. As such, even initiating reforms to the health care system suggests a certain level of confidence on the part of the president in his leadership abilities, in terms of overcoming the institutional constraints he faces given the politically sensitive and often divisive nature of any reform proposals. Consequently, it is necessary to focus on *the leadership politics of health care reform* because the relationship between politics and leadership in terms of constraining or facilitating reform plays a pivotal role in their ultimate success or failure.

For this reason, using Skowronek’s model as a theoretical foundation, this case study will compare the extent to which the respective presidents and prime ministers were constrained in their attempts to implement health care reforms. Focusing solely on the individual leaders, systemic differences between the British publicly-funded system, the National Health Service (NHS), and the American primarily privately-funded system, where health insurance is purchased either individually or provided by employers, do not prevent a robust comparison.⁴³

Since the early 1990s, as a result of increased state sector competition in the NHS and the creation of the internal market (Working for Patients 1989; O’Neill 2000), there are now more easily observable systemic similarities (Ruggie 1999:138). Moreover, since comparison is taking place at a leadership level, it is not the reforms themselves that are of primary interest, but rather the “politics” of reform. In other words, an investigation of the intentions and actions of each leader in undertaking health care reform will be discussed from a cross-national perspective, specifically examining the differences between initial intentions and actual outcome.

⁴³ The major exceptions to private insurance are Medicare, for elderly people and Medicare for poorer people, both funded by the state and signed into law by President Lyndon Johnson in 1965 as part of his “Great Society” programme.

Ultimately, this case study should provide an effective test of Skowronek's theory by either validating or challenging his leadership typologies, which will be discussed in the evaluation chapter. In addition, given that it is possible to situate British prime ministers within Skowronek's typology, the test will assess the utility of the theory outside the American context.

ii) The Use of Historical Institutionalism and American Political Development in Health Care Research

The purpose of this discussion is to demonstrate that the use of historical institutionalism and APD as frameworks to examine health care systems and health care reform offers a valuable precedent for the application of Skowronek's institutional theory to health care reform. In the years since scholars began to "bring the state back in" (Evans, Rueschemeyer and Skocpol 1985), they have also begun to examine the state's role in important policy areas. Health care is no exception, located within a larger literature that assesses welfare state restructuring since the 1980s. Much of this work discusses the impact of institutions on policy development (Immergut 1992; Pierson 1994; Hacker 1997b; 1998; Tuohy 1999), something clearly related to Skowronek's theory, although he examines the development of the presidency rather than particular policies. Specifically, historical institutionalists are interested in examining "the impact of existing institutional legacies" on policy change (Béland 2010:618; see also Béland and Hacker 2004; Hacker 2004a). Thus, institutions, as they both constitute and are inherently connected to the structure of the state, are of particular concern. In this context, states are viewed both as actors and as institutional structures (Skocpol 1985:27) that influence politics. Consequently, institutions "both formal, constitutionally defined institutions, and informal norms" are equally important in influencing decision-making, particularly those norms that "have developed around these institutions as interest groups, political parties, individual politicians, and bureaucrats have struggled to bend these institutions to their wills" (Immergut 1992:3). It is therefore possible, as Immergut shows that particular institutional frameworks, at different times favour the interests of certain politicians, policymakers and others, which produce dissimilar outcomes, despite comparable reform proposals, in this case the introduction of national health care.

Similarly, for APD scholars such as Skowronek, institutions and institutional impact on change are primary concerns. The notion of time and change over time is also particularly important. For example, Hacker (1998) examines the historical-institutional factors that explain the divergent outcomes in health care reform that led to the United Kingdom and Canada creating

a national health system while the United States did not. Path dependence is central to his argument; the idea that policies enacted at one point in time change both the political and economic context and therefore affect any future changes (see also Marmor and Klein 2012:13), something with which Skowronek would agree. As he demonstrates in his presidential theory, leaders encounter different pre-existing commitments of ideology and interest based on changes made by their predecessors, which affects the constraints they face and the changes they can make. With regard to health care policy the debates are such that “the evolution of national health policies cannot be explained without an understanding of the sequence and timing of major government interventions in the medical sector” (Hacker 1998:59). Time, specifically the timing of government intervention, is the primary factor that explains the different outcomes with regard to the introduction of national health care.

Significantly, including political parties, interest groups, and individual politicians within institutions, something Skowronek does not adequately consider within the theory, also suggests a link between the public and private spheres in health care provision. This link has been increasingly recognised by scholars, specifically the creation of further constraints for policymakers when private health insurance companies mobilise to protect their interests (Béland 2010:619; see also Hacker 2002; Quadagno 2005). This broader interpretation of institutions is also valuable when it comes to understanding the critical role that states play in the enactment of social programmes and why, like the public and private organisations within them, they have their own goals and pursue their own agendas (Skocpol 1985:9). The differences in national interests between states can be made easier or harder to achieve depending on their specific institutional structures. Health care is a particularly relevant case in this regard. The question that Hacker (2004a:695) attempts to answer is “why do the structures, if not the goals, of national health policies differ so starkly?” His suggested answer that “political parties have differed historically on the proper role of government in medical care,” supports the notion that history has played an important role in creating the institutional structures and shaping the institutional norms that now guide contemporary health care policy in many developed countries.

This answer also implies the importance of including, or at least demonstrating awareness of, the relevance of ideas in social policymaking. Béland (2010:616) argues “health scholars should play close attention to the interaction between ideational and institutional processes in analyzing health care policy development.” It is reasonable to argue that interpretations of the

proper role of government have been established not just through institutional structures, but through a perpetuation of norms that emanate from ideas that define the scope of what is acceptable in health care policy change. In the context of policy change, ideas are normative constructs that contribute to the creation of an ideological agenda that a leader believes will bring positive change.⁴⁴ The leader must use his position of influence to convince a range of different groups that his ideas are beneficial for the country as a whole. Consequently, ideas matter to policymakers, “but these ideas matter most when they satisfy interests” (Fox 1993:120). Accordingly, ideas and interests are inherently linked (Moran 1998:20).⁴⁵ Theoretically, however, the lack of consideration of ideas in the historical institutional literature that focuses on health care is symptomatic of the lack of consideration of ideas in the literature more generally (Campbell 1998). In his theory, Skowronek (2011:18) addresses this issue with reference to the “received commitments of ideology and interest” that help determine a leader’s place in political time. At the most basic level, ideology indicates a set of normatively-held ideas that affect both the type of change and the extent of change an individual leader can achieve. Examining a leader’s ideology in the context of these received commitments (which largely depend on their place in political time) should enable a much deeper understanding of the process through which reform ultimately succeeded or failed. In short, including these concepts in the analysis will allow for a discussion that begins with the ideology and interests that caused a leader to choose a particular strategy for reform, through to the tactics and methods used to ensure the greater chance of success of that chosen strategy and ultimately, to the prevailing ideas and ideological vision combined with the institutional barriers that shaped the final outcome.

Given that states, governments, and actors all have their own preferences that are shaped by historical context and contemporary ideas, two key points from an institutional perspective are of particular relevance. First, “institutions can critically affect preferences;” and second, “institutions shape how interests organize themselves, how much access to power they are likely to have, and even the specific policy positions they are likely to take” (Steinmo and Watts

⁴⁴ Béland (2010:622) quoting Parsons (2002:48) defines ideas as “claims about descriptions of the world, causal relationships, or the normative legitimacy of certain actions.”

⁴⁵ Fox (1993:124) provides four criteria that he believes make policy innovation in health care possible that illustrate the relevance of ideas: “the idea resonates with other ideas that have generally favorable connotations among decision makers; interest groups that have significant resources support the idea; and powerful people in government and the private sector see merit in the idea, and enough public support for it that negates the power of those who oppose it.”

1995:336). In short, institutions define the scope of political decisions, as much as they can constrain or facilitate political action. Speaking to this point, Steinmo and Watts (Ibid.:330) ultimately conclude “America does not have comprehensive national health insurance because American political institutions are biased against that type of reform.”⁴⁶ The truth of this statement deserves further investigation, and will be discussed in more detail in the following sections. It is sufficient at this point to illustrate an observable relationship between institutions and the historical success, or lack thereof, of significant health care reform in the United States. Indeed, if Skowronek’s model can successfully explain the choices, decisions and outcomes of individual leaders in this policy area, then, like Steinmo and Watts, it will be based on the primacy of an institutional account of political leadership and change.

If institutions can critically affect preferences, the agency that individual or group actors have in shaping those preferences is equally relevant especially in terms of assessing a leader’s political skill relative to their expected behaviour, the impact of which is ambiguous in Skowronek’s model. Immergut (1992) discusses three levels of government, of which the third and most important for the purposes of this study is political leadership. Not only does this provide support for the concept of “the leadership politics of health care reform,” this “executive-centred approach” comes closest to a clear view of the state as an actor. As such, it helps “makes sense of the wide variation in partisanship in enacting national health insurance” (Ibid.:24) since there are multiple formal and informal institutions that operate within the state at any given time. In view of the central role of the leader in any government, inadequate consideration of his leadership position in any reform effort would provide only a partial account of the reasons for its success or failure. Thus, this approach is empirically useful in assessing the personalised nature of health care reform because it situates the leader in the broader context of his government, the political system and the state, all of which interact with the larger political-institutional order in which the leader must operate simultaneously.

For this reason, an Anglo-American comparison of health care reform using a historical institutional and APD framework is particularly valuable when it comes to understanding the extent to which different national interests and indeed different health care systems, produce context-dependent outcomes. It is equally useful in understanding how those outcomes are created

⁴⁶ For alternative theoretical explanations for why America does not have National Health Insurance see Navarro (1994:171-176), also see Quadagno (2005).

by inherent structural differences that in turn affect their constraining or facilitating capacity at different points in time.⁴⁷

In addition, a broader interpretation of institutions also allows a greater awareness of the interaction between institutional structure and individual agency. By giving states agency in terms of their potential impact on social reform, it is possible to argue that institutions are not necessarily as fixed as they may initially seem, but rather are subject to change depending on a variety of contingent factors at any given time. With specific reference to health care, Giaimo (2002:197) argues that the health care system itself can institutionalise “particular understandings and expectations regarding the appropriate role of the state and the market in the sector.” Similarly, Immergut (1992:10) argues ideological or cultural conceptions set limits to the types of policies that can be enacted to solve similar problems in different nations, while Moran (1998:20) agrees that “ideology is important, but that importance is mediated through particular national settings, and shaped by the calculations of powerful interests.” Although fluid concepts, both ideology and culture, like the health care system itself, can become institutionalised in terms of the perpetuation of norms that over the course of Skowronek’s regime cycle can either constrain or facilitate policy change. Although nebulous concepts, references to ideology and culture signify recognition of the influence of ideas on policy reform. In terms of their influence on reform, institutions essentially make the process more important than the outcome, since a successful outcome cannot be ensured if sufficient appreciation is not given to the process through which reform occurs. In considering the process, historical lessons drawn by recent presidents from their predecessors’ attempts at reform can be instructive in terms of learning the lessons of past failures (Hacker 2001) in order to avoid making the same mistakes. This learning must however occur within, and is often made more difficult by, the political environment in which presidents find themselves. In short, as Skowronek indicates in his typology, their relationship to the existing regime affects their ability to achieve change consistent with their ideological agenda. Thus, a leader’s relationship to the existing regime is largely contingent on path dependent processes and policy legacies (Wilsford 1994; Hacker 1998; Greener 2002; Pierson 2004; Bevan and Robinson 2005; Quadagno 2010).

⁴⁷ Hacker (2004a:693) argues that governments, such as the UK, that “enjoy consolidated authority have sometimes find it possible to enact major reform,” while in more decentralised structures, such as the US, “rapid or decisive structural policy change has proved far more elusive.”

Finally, reinforcing the significance of institutions, after comparatively examining reforms to the NHS in the 1980s and 1990s, and the failure of Clinton's health plan in 1994, Giaimo (2002:195) concludes that "the institutions and balance of forces in the political arena determined whether the reform legislation was enacted or not," She further argues that: "institutions and actors in the political arena affected the ability of government actors to formulate and enact a radical reform program for the health sector." Indeed, this argument and the literature in which it is situated, provide the framework for the more detailed analysis of the major policy initiatives of this and the following chapter in that it combines structure and agency within the existing context, represented by the "balance of forces" (Hay and Wincott 1998). Ultimately, as Skowronek fails adequately to realise, it is only by combining institutions with political actors in the context of the historically-informed decisions they make, which in turn define the scope of political action, that it becomes possible to fully understand the process and outcome of reform.

iii) The Comparative Politics of Health Care Reform: Britain and the United States

In Britain, the health care system is marked by "centralized political decision making coupled with centralized medical financing" (Hacker 2004a:694). Citizens have "free and universal entitlement to state-provided medical care" through the National Health Service (NHS) (Klein 2010:1). The NHS is a public system funded through general taxation, representing what is essentially a "hybrid between corporatism and state hierarchy" (Giaimo 2002:31-42). Significantly, the NHS emerged during the period of "consensus politics," in which there was general agreement between the parties on the need for nationally provided health care (Klein 2010:46). This consensus only began to break down in the 1970s and 1980s as a result of increasing party polarisation (Ibid.:76). In contrast, the United States is characterised by "decentralized decision making coupled with decentralized financing" (Hacker 2004a:694),⁴⁸ in which fragmentation and private funding dominate a system where health insurance is primarily secured through employment (Ruggie 1999; Hoffman 2012:197). Historically, the notion of health care reform in the US has often been politically divisive and partisan, most recently during the passage of the Affordable Care Act in March 2010 (Kersch 2011; White 2011).

Despite evident systemic differences, given that the respective political leaders in both countries are similarly categorised in Skowronek's typology, these seemingly different cases are

⁴⁸ Specifying the criteria for a decentralised system, Hacker (2004a:709) cites significant reliance on multiple payers, such as sickness funds, commercial insurers and private employers as necessary conditions.

in fact more similar than they initially appear.⁴⁹ In other words, it is not the system itself that is important, but rather the leader's efforts to change that system, the process through which that change is attempted, and finally the respective institutional barriers to reform. Indeed, the considerable literature that compares the many aspects of the health systems of these countries (Blendon and Taylor 1989; Blendon et al. 1990; Jacobs 1993; Wilsford 1994; Ruggie 1996, 1999; Hacker 1998, 2004; Donelan *et al.* 1999; Moran 1999; Tuohy 1999; Ferlie and Shortell 2001; Mainous *et al.* 2001; Harrison, Moran and Wood 2002; Giaimo 2002; Marshall *et al.* 2003; Marmor et al. 2009) suggests that not only does comparison have inherent utility, but also that there is significant value in comparing advanced, industrialised, democracies in the hope of making generalisations about the nature and the process of reform. Accordingly, the actual outcome of reform is less important than the process when it comes to examining a leader's ability to overcome the institutional barriers to enacting reform. Moreover, the leader's involvement and influence on that process is more important than the systemic differences between the two countries.

Much of the comparative literature on this subject focuses on the differing role of the market in health care provision, comparatively (Ruggie 1996; Ranade 1998; Moran 1998; 1999; Giaimo and Manow 1999; Giaimo 2002) and separately, on Britain (Mays et al. 2011) and the US (Evans 1997; Hacker 1997b). Taking the lead from this literature, it is necessary to begin by noting an important difference in the way health care reform is discussed in the US and Britain. In Britain, health care reform has typically expressed the desire to increase the role of the market in health care provision. In contrast, health care reform in the US largely refers to the desire to implement increased public regulation of health care provision. Consequently, not only does this desire affect public expectations in terms of the government's role in health care provision, but also affects how much political legitimacy a government can claim when gaining support for and implementing reform, a shared concern of all leaders. More specifically, in the British publicly-funded system, the government as the primary actor is essentially expected to initiate any reform to the system, since it has "statutory authority" (Giaimo 2002:4). In direct contrast, in the American privately-funded system, proposing any reforms to the health care system that would increase governmental control is viewed by many groups within society as "illegitimate" (Ibid.). Since the government is

⁴⁹ On the concepts of "most similar" and "most different" case selections see Lipjhart (1971, 1975); Meckstroth (1975); Seawright and Gerring (2008), and with specific reference to health care see Marmor, Bridges and Hoffman (1983).

unable to set the boundaries of the system, this action is essentially viewed as an overreach of their power. These differences can be described using a simple question: “how much market (Britain) vs. how much state (US)?” (Ibid.:198).⁵⁰

Moreover, the market can function in ways as to be both “constraining and enabling” (Moran 1999:13) to reform efforts, which suggests two connected points. First, the market can function in the same way as an institution, which reinforces the “embedded nature of health care institutions” (Moran 1998:20-21). Second, since the market operates alongside the political system in industrialised societies, it follows that the political system, that is political institutions, can also be constraining and enabling. These insights about the importance of the market make for a valuable comparison when it comes to examining a leader’s role in health care reform. The politics that surround the issue of reform are evidently different in each country such that it fundamentally influences the reform process relative to the institutional barriers each leader encounters and whether political institutions account for divergence in policy outcomes (Immergut 1992).

In addition, to what extent does an individual leader influence the outcome in terms of how much he can learn from historical and cross-national lessons that will enable him to overcome these structural obstacles? The literature on this subject is limited. Comparing Western European countries, Hacker (2004a:708) argues that in a “veto-free” system such as Britain there is a consistent movement between big legislative breakthroughs (as with the introduction of Thatcher’s *Working for Patients* in 1989) and reversals of those breakthroughs (as with Blair’s replacement of the internal market). In such a system, the structure of decision-making, like the health care system itself, is increasingly hierarchical in that the prime minister as leader of his party in the legislature takes control of proposing reform and gathering the necessary support to ensure its success. In contrast, the fragmented, “veto-ridden” nature of the US system means that the president is a much less important actor in the decision-making structure.

Furthermore, aside from the considerable literature that examines President Clinton’s leadership role in the failure of his 1994 *Health Security Act* (Skocpol 1995, 1996; Laham 1996; Hacker 1997a; Béland, de Chantal and Waddan 2002; Marmor and Klein 2012:133-138), the scholarship that explicitly discusses political leadership with relation to health care more broadly

⁵⁰ For a more detailed discussion on this subject, primarily focused on the United States, see Evans (1997).

is more limited (Hacker 2004a; 2004b; Blumenthal and Morone 2008; 2009; Morone 2010).⁵¹ Specifically, although they acknowledge differences of time, party and personality of individual presidents, Blumenthal and Morone (Ibid. 2009:409-420) provide “eight lessons...from the past”⁵² that essentially offer a framework for successful leadership in enacting health care reform. It is not however necessary to discuss these in detail since Skowronek’s own typology of presidential leadership provides the primary framework through which the health care reforms will be evaluated. Nevertheless, two lessons deserve further discussion as they have particular relevance to this theory and to the APD research agenda more broadly. Both fit into Skowronek’s theory because at the most basic level they directly affect the leadership behaviour of the president. First, “speed” and the importance of timing that includes an appreciation that the “window of opportunity” only lasts for a limited time. Exploiting the “window of opportunity” dictates achieving a balance between the changing circumstance of secular time, which force a leader to be flexible and pragmatic and the historical-institutional context of political time, which forces a leader to be realistic about their policy ambitions based on the successes and failures of their predecessors. The leader must achieve a balance between introducing the proposed reforms at the “right” moment in secular time as much as he must understand that his place in political time will undoubtedly affect how the reform proposals are perceived and received. Second, “manage Congress” in such a way that the president is able to use his influence to build support for his reform by appealing to those members who share similar ideological views and in places where he was electorally successful. The ability to control Congress is significant because as a separate branch of government, Congress acts as an institutional constraint, a potential veto player that limits the changes a president can make. These limitations are placed on the president because he only possesses the power to recommend reforms, he is reliant on Congress and the support of his party in Congress to ensure that his proposals are passed successfully.

iv) Different Structures, Different Outcomes: Understanding how Institutional Environment shapes the Empirical Context of the Health Care Reform Debate

The most basic difference between the respective health care systems of Britain (public) and the US (private) fundamentally shapes not only the process of reform, but the language used

⁵¹ The literature that does discuss leadership in health care and health care reform focuses primarily on clinical leadership, see for example Berwick (1994), Millard and Bryan (2005) and Oliver (2006).

⁵² The eight lessons are: passion, speed, have a plan, hush the economists, go public, manage Congress, forget the PRSOs (Professional Standards Review Organizations) and learn to lose.

in attempting to gain much needed public support to validate reform proposals and make them politically plausible. In Britain, the popularity of the NHS means that politicians must be extremely cautious when proposing reform (a parallel can be drawn with Social Security in the US).⁵³ All reform, regardless of the changes it would make to health care provision, must not threaten the most fundamental principle of the NHS: free access at the point of delivery, something that has become almost untouchable since the NHS was created in 1948. This issue presents a particular challenge to politicians, especially Conservatives, some of whom might like to move towards total privatisation of the service. It is from this starting point that the most inhibiting set of constraints emanates for a British prime minister. Even a reconstructive leader such as Margaret Thatcher had to be clear that the changes she desired for the service in 1989 (the most fundamental since its establishment) would not in any way undermine free access.⁵⁴ Both John Major and Tony Blair also remained true to this principle (Major 1999:390; Blair 2004:180; Corrigan 2015; Dorrell 2015).

In the US, the situation is quite different. While free health care is considered a right by an overwhelming majority of Britons, many Americans believe it is not something the government should provide, and moreover health care provides a market that the government should not regulate. Thus, for those unable to afford it, health care is a privilege not a right. The inability of presidents throughout the 20th century (with the exception of Lyndon Johnson who presided over the passage of Medicare and Medicaid in 1965) to pass health care legislation that provided comprehensive coverage for the population (Morone 2010) is arguably the biggest constraint President Obama faced during the battle to pass the Affordable Care Act (Hoffman 2012:212). Moreover, the sharp partisan differences between Democrats and Republicans made it essentially impossible for a compromise to be reached. The reform debate is always ideologically charged much more so than in Britain, and it is here that the greatest constraints faced by an American president emanate.

Ultimately, while the environments in which the debate occurs are clearly different, as are the constraints, the range of political, ideological and socio-cultural obstacles they face are no less

⁵³ Demonstrating its popularity, the State of the Nation report published by British Future in 2013 reported that the NHS was the one thing of which Britons were most proud. It was “a symbol of what is great about Britain.” See Maryon-Davis (2013:16-17).

⁵⁴ In support of this point, statistics on NHS spending from the Nuffield Trust, Office of Health Economics (2012) shows NHS spending (in real terms) increased consistently under Thatcher, from 34.9 (£billion) in 1979-80 to 48.6 in 1990-1991.

comparable. In the US, the political-ideological constraints emanate from deep partisan divisions; in Britain the political-ideological constraints begin with discussions of plausibility in reform proposals. The ideological preferences of the government are as important as the ideology of the health care system itself since to a large extent the guiding principles of the NHS have become increasingly central to its functioning. Similarly, the socio-cultural constraints in Britain originate with the service itself and the cultural identity that has been embedded since its creation, in addition to the socio-economic expectations of consumers that further limit the possibility of change. In contrast, the socio-cultural constraints in the US come not from the health care system, but from the American population and more specifically the belief of many Americans that government should not interfere with, let alone be responsible for, providing comprehensive coverage. These constraints suggest that leaders must be consistently aware of their political and policy environments. Focusing on this awareness reinforces the explanatory power of both the historical institutional (Immergut 1990) and APD (Hacker 1998) frameworks utilised in a comparative context.

Section II. The Health Care Reforms of George H.W. Bush

i) Uninterest and Inaction: Health Care Policy in Bush's White House, 1989-1991

The fact that George H.W. Bush “just wasn’t very interested” in health care reform, in fact he “did not care about health care” (Blumenthal and Morone 2009:320) must be evaluated in the context of his status as an affiliated president. Leaders in this group are “inclined to be passive rather than activist in office.” They fulfil the role of a “guardian president” (Mervin 1996:38), which is closely related to Skowronek’s description of an affiliated leader in terms of expected behaviour. Indeed, Bush’s stance on health care validates this point. Not only was he content to be a “caretaker” president (Blumenthal and Morone 2009:330), this was in fact consistent with his “conservative, non-activist, guardian approach” (Mervin 1996:3) to domestic policy more generally, all of which serve to reinforce his position as an orthodox-innovator. Significantly, not only does he adhere to the role of affiliated leader, he exemplifies the expected behaviour of an inactive affiliated leader, in his conscious choice to neglect substantial health care reform and leave decisions to his advisers. He never displayed any personal commitment to creating his own legacy in domestic policy, but was content to operate securely within the boundaries established by his predecessor, thereby reinforcing his status as an inactive leader throughout his time in office.

A president more concerned with and adept at foreign policy, the economic disarray he inherited from Reagan ensured that in domestic policy his strategy would be one entirely consistent with a president of “articulation,” he would “not rock boats or engage in wild talk” (Blumenthal and Morone:329). Moreover, the economic situation acted as a constraining force on his leadership such that any reforms he proposed would be necessarily limited and would adhere to traditional Republican values. As such, incremental change and rhetorical continuity with Reagan would dominate Bush’s approach to health care in his first three years. Bush’s attitude to domestic reform reinforces Skowronek’s (2011:101) belief that presidents of articulation are more likely to look to the foreign policy to successfully exercise their power given that they face a wider range of constraints on leadership. George Bush’s actions clearly exemplify this argument, specifically his leadership during the 1991 Gulf War and his preference for and expertise in foreign policy over domestic policy. Speaking to this point, a remark made by then presidential candidate Bill Clinton in October 1992, essentially summed up President Bush’s approach to and inaction in this area. Criticising Bush, Clinton (1992) commented, “He was president for 3 years before he proposed a health care plan that still hasn’t been sent to Congress in total.” Thus, Bush’s first three years in office were marked by a uninterest in health care reform very similar to his predecessor, Ronald Reagan.⁵⁵

Indeed, the similarities with Reagan are instructive in the context of his articulation. Both leaders were essentially unconcerned with fundamental health care reform. Consistent with their conservative beliefs, each worried about health care costs (Starr 2011:63; Blumenthal and Morone 2009:331). In fact, Bush (1990) had pledged his commitment “to bring the staggering costs of health care under control” in his State of the Union address in January, something that would shape his approach to an extremely limited health care policy in his final two years in office. In spite of the rhetoric, neither Reagan nor Bush took any definitive action to bring costs under control, instead leaving it to individuals, employers and others to implement cost-control measures. In essence, inaction and conscious inactive leadership was the strategy best suited to maintaining the *status quo*. From the beginning, maintaining the *status quo* and continuing the work of his predecessor was a primary aim for Bush in view of the continued dominance of the conservative

⁵⁵ After being generally uninterested in health care reform, Reagan passed a major Medicare entitlement, the Medicare Catastrophic Coverage Act, in the final year of his presidency (see Starr 2011:68), although this was repealed under Bush.

ideology, the regime's resilience and his affiliation. In his acceptance speech at the Republican Convention, Bush (1988) stated, "I am your candidate because the most important work of my life is to complete the mission we started in 1980. And how, and how do we complete it? We build on it." Consequently, if Reagan had believed it appropriate to take no action on health care reform, Bush seemed destined to follow in his footsteps. For this reason, it is significant that Bush introduced reform proposals after three years of almost total inaction; however, it is against the backdrop of this inaction and passivity that his reforms must be evaluated.

ii) Taking an Interest: Bush's Reform Proposal, February 1992

With his re-election campaign in mind (Starr 2011:80), Bush began to take a more active interest in health care reform. In his 1992 State of the Union Address he introduced two options. First, a more nationalised system, which he believed would "restrict patient choice in picking a doctor and force the Government to ration services arbitrarily. And what we'll get is patients in long lines, indifferent service, and a huge new tax burden." Since the idea of nationalised medicine was anathema to many Republicans, Bush (1992a) offered an alternative, which provided

insurance security for all Americans while preserving and increasing the idea of choice. We make basic health insurance affordable for all low-income people not now covered, and we do it by providing a health insurance tax credit of up to \$3,750 for each low-income family... We must bring costs under control, preserve quality, preserve choice, and reduce the people's nagging daily worry about health insurance.

The plan "called upon the states to develop a "basic" package to be purchased with tax credits." Significantly however, "the program did not take on the larger problem of health care costs. And to avoid endorsing a tax increase in an election year, the administration did not propose any way to finance the new tax credits" (Starr 2011:85). In essence, the introduction of Bush's health plan was almost entirely pragmatic, a vehicle to help him achieve re-election, rather than an overt commitment to health care reform. The Bush plan was dictated by the need for a response to both the increasing number of uninsured Americans (Ibid.:189) and "Democratic cries for action," (Garland 1992) which Bush hoped would also refute the charge that he "didn't care about health care" (Blumenthal and Morone 2009:319). After months of little action, in a radio address to the nation in July 1992, Bush (1992b) attempting to regain the initiative, reiterated his plan that included "a bill to curb the runaway costs of medical liability" and "medical malpractice reform," ideas that were palatable to Republican voters as well as to significant health care interests. The generally vague language and placing the blame on Congress suggest that Bush was looking more

towards re-election rather than holding serious hopes that his plan would secure successful passage through Congress.

In reality, Bush would have preferred to continue to avoid the question of health care reform altogether, not only because there was a lack of consensus of how to resolve existing problems (Starr 2011:80), but because, as is consistent with an affiliated leader, he hoped to maintain the *status quo*. Not only did he lack the authority to propose fundamental reform, it would also inevitably upset the current situation, forcing him to move away from Reagan's policies, therefore making it more difficult to control his agenda. In fact, since Bush also lacked his own specific agenda for health care reform, he had little of which to maintain control. This lack of interest ensured that his proposals were half-hearted and were unlikely to gain the necessary support both in Congress and among the public. That was despite the fact that unlike his pre-emptive successor Bill Clinton, the affiliated Bush did not face an overtly hostile institutional environment. Although the Democrats were designing their own plans and Bush felt compelled to respond, the fact that he was likely "to choose less controversial reforms" (Garland 1992) as is expected of an orthodox-innovator, meant he never really faced concerted opposition for two reasons. First, because the plan was never presented to Congress in its entirety and second, because there was insufficient time for serious consideration before the 1992 election. Ultimately therefore, Bush's failure to pass health care reform was not a result of conflicting ideas, diverging interests or constraining institutions, but one of "missed opportunity" (Blumenthal and Morone 2009:343).

iii) Evaluating Bush's Approach to Health Care Reform: A President of Articulation by Default, A President of Inactive Articulation by Choice

A president in a leadership situation of this kind faces many challenges; upon election they have a mandate not for change, but for continuity. Thus, their primary leadership challenge is one of balancing their mandated authority for continuity and maintenance of the *status quo* with the exercise of their *de facto* powers that necessarily produce change. Confronted with this challenge, leaders do however possess the necessary political agency to make a conscious choice between action and inaction. George Bush consciously chose inaction in health care and in domestic policy more generally. As such, ambiguity defined Bush's approach to health care throughout his four years in office. Even when proposing his plan, he avoided specifics and aside from an increased focus on cost containment and market efficiency, (both widely accepted Republican beliefs), his plan proposed limited change. In his lack of direction in health care, Bush exemplifies the expected

behaviour of an affiliated leader almost by default. In the words of one of his advisers “it wasn’t that he didn’t care...it was just not his issue.”⁵⁶ In addition, there was a belief among his advisers that health care was an issue that needed to “mature” (Blumenthal and Morone 2009:329-335). Again, Bush reinforced the received commitments of ideology and interest by default, while he took no active steps to counter the perception that his administration had no health policy.⁵⁷

Furthermore, Bush’s reform proposals of February 1992 suggest that he did not understand the leadership politics of health care reform. Not only did he lack a clear and coherent plan, the conspicuous absence of specific financing for its proposed tax credits designed to expand coverage demonstrated that Bush was not passionate about or committed to reform (Ibid.:337) and was further constrained by trying to keep the “read my lips” promise not to raise taxes. He was more concerned with re-election and so needed to avoid a tax increase in an election year (Starr 2011:85). His concern with re-election perhaps also dictated the timing of his proposal; however using his affiliated status as an indirect justification for his conscious choice of inaction, only a month before the election and sent to Congress in fragmented parts, the plan had little chance of success.

In the run-up to the 1992 election it is telling that in his response to Governor Clinton, who was committed to reform, Bush (1992c) chose in the second of the presidential debates, to avoid an opportunity to discuss the specifics of his plan. Instead he replied, “Well, I don’t have time in 30 seconds, or whatever -- a minute -- to talk about our health care reform plan.” His reform proposals and his responses to questions on health care during the 1992 debates clearly demonstrate the actions of an inactively affiliated leader. Inactive affiliation is most appropriate to describe his leadership behaviour because he never took an active role in shaping health care policy or in crafting his reform plan; instead he let his advisers assume responsibility (Blumenthal and Morone 2009:336). Rather than create a struggle to control the health care agenda and reconcile the tension between his policies and those of his predecessor, he was content to follow Reagan. There was no explicit desire to maintain or strengthen Reagan’s domestic policies, nor was there any desire to act as an agent of change within the parameters of a resilient regime; rather there was *de facto* continuation.

⁵⁶ Gail Wilensky, quoted in Blumenthal and Morone 2009, p.336 (interview September 25, 2006).

⁵⁷ Roger B. Porter, memo to President Bush, May 30, 1991, quoted in Blumenthal and Morone 2009, p.334

The differences between Bush and Clinton in their respective approaches to health care reform, which became evident in the 1992 debates demonstrate the extent to which a leader's behaviour can be shaped by their place in political time.⁵⁸ "Bush always thought that American health policy was just fine the way it was, shunning even most incremental reforms." His contentment with a limited, ambiguous health care policy designed to "keep American health policy as close to its already-trodden path as possible" (Wilsford 1994:272), emanated from his affiliation, in which operating within a resilient environment, he allowed his advisors to remain inactive, giving them time to wait for the issue to "mature." Ultimately, Bush largely avoided many of the challenges orthodox-innovators often face, while at the same time acting entirely consistently within this leadership categorisation. He interpreted articulation not as a leadership position of inherent tensions and contradictions, but as a safety net that allowed him to be inactive in both health care and domestic policy more generally.

Section III. The Health Care Reforms of John Major

i) Establishing a Personal Style within the Boundaries of Articulation

Discussing Major's relationship to the Thatcher governments of the 1980s, Pierson (1996:203) introduces "two contrasting views." The first, he maintains "has tended to see Major's administration as a return towards traditional Conservatism, a more consensual and pragmatic politics that abandons the further-flung ideological outposts of Thatcherism." He continues, "a second view sees Major as the authentic inheritor of the radical neoliberal mantle, carrying through the agenda of his predecessor with a zeal which is sometimes seen to have "out-Thatchered Thatcher." Within both approaches there are elements of articulation. In the first articulation is present because it is entirely possible to be less ideological, in the sense of following a prescribed set of ideas and values (as Major certainly was in personal style) and still act as an affiliated leader in terms of policy programme. While the articulation contained within the second view is much more direct and obvious in terms of received commitments of ideology and interest. In relation to health care reform both approaches are relevant and offer important context for an evaluation of Major as an orthodox-innovator. Indeed, in terms of following Thatcher's agenda, "it is really more

⁵⁸ In the two debates, Clinton mentioned the word "health" thirty-two times, and "costs," in relation to health twenty-four times. In contrast, Bush mentioned the word "health" only once, and "cost" three times.

appropriate to see the role of the Major government as implementing rather than originating policy change” (Ibid.:204).

The context for his affiliation, as implementer not driver of change, originates with the reforms first introduced by Margaret Thatcher in the White Paper *Working for Patients* in 1989, which came into effect during Major’s premiership in April 1991. In deciding to continue with implementation of these reforms, Major consciously chose articulation. Indeed, presiding over their enactment was Major’s first display of affiliation, after becoming prime minister in a leadership contest in November 1990 and not through a general election (Norton 1996:64). It is also significant for Major’s affiliation that the reforms were “phased in,” in contrast to all previous reforms that had been “put in place on a single appointed day” (Ham 2009:41), something which provides an early illustration of Major’s difference in style. For this reason, his decision to follow Thatcher’s agenda is in itself insufficient to label Major an inactive orthodox-innovator. At the same time, his conscious decision to differentiate himself from Thatcher in terms of personal style is insufficient to label him an active orthodox-innovator because it was unaccompanied by any obvious desire to differentiate himself in policy direction.

In policy, until mid-1992 with the publication of *Health of the Nation*, Major was content to fulfil the role of “authentic inheritor” (Pierson 1996:203). Moreover, with reference to the 1990 reforms, as Ham (2009:48) concludes, “it is clear that the implementation of policy feeds back into policymaking.” As Skowronek would agree, it is not possible to separate the policy from the policymaking in that past and present policy shape future policy and determine not only the parameters of future change, but also what is “likely to be acceptable to the public and the health professions” (Ibid.). In other words, policy feedback is important in both shaping and determining the outcome of reform (Béland 2010). Major certainly encountered this issue: his health care policy in the period 1992-1997 was always formulated in the shadow of these fundamental reforms. In short, the institutional environment Major created in the health care arena by following through on Thatcher’s reforms defined the ideas and interests that he would need to balance for his remaining five years as leader, within the Conservative Party, the NHS and the health care profession more broadly. Over time this context became an increasingly constraining force, which further limited him within the pre-existing boundaries of articulation.

The fact that *Health of the Nation* was regarded as “a significant shift in public policy” (Klein 2010:167) suggested that after 1992 Major adopted a different focus, instead acting more

consistently with the first approach discussed by Pierson, marked by “consensual and pragmatic politics” as can be evidenced by the “Back to Basics” campaign, launched at the 1993 party conference (Norton 1996:66). This shift in focus can arguably be pinpointed to his election victory in 1992. Despite an obvious mandate for continuity, Major perhaps felt he had more freedom to pursue his own agenda, although clearly within the confines of affiliation. For this reason, in contrast to his American counterpart George H.W. Bush who was inactive in health care reform, it is reasonable to characterise Major as following a path of neither active nor inactive articulation, but one of balance (Norton 1996:64-65) and compromise, defined by difference in personal style but continuity in policy.⁵⁹

More specifically, the crucial act of his affiliation in health care was allowing, as Thatcher’s reforms had made provision for, the creation of the internal market in the NHS. Introducing competition into the NHS gave the market a much greater role in health care provision, something which began with Thatcher and was supported and completed by Major. His support for such ground-breaking reforms reinforces the argument that it was in style not policy that Major differed from his predecessor; he was less direct and individualistic, preferring instead collective decision-making through discussion with cabinet ministers. Moreover, since Major was not initially elected to office, he perhaps had even less of a mandate for change than George H.W. Bush. Consequently, he was immediately confronted with the inherent challenge of articulation; how to reconcile maintaining the *status quo* with the exercise of executive power that necessarily produces change. He was also confronted with an associated challenge of articulation, the need to manage conflicting factions within his party and to maintain the support of traditional groups in view of the changes brought by the election. Indeed, he seems to have understood his contradictory position from the outset when he observed that “some in the party wished to cling to her [Thatcher’s] legacy, and others to move away from it” (Major 1999:202). Finding himself in this testing leadership situation, Major chose to differentiate himself in personal style rather than policy substance and it is in this context that his affiliation must be assessed.

With the belief that “a short premiership, lasting only until the next election, seemed likely” (Ibid.:203), Major embarked upon a cautious health care policy and a reform programme marked by continuation and gentle modifications designed to balance conflicting interests and ideas, both

⁵⁹ Norton (1996:64-65) describes Major as a “balancer”, who in style was “more a healer than a warrior...whereas Margaret Thatcher liked challenging people in debate, John Major simply liked meeting them.”

internally from within the party and externally from the health care profession. He expressed a commitment to privatisation if this was the most efficient way to augment public services (Ibid.), and thus was content to introduce privatisation into the NHS through the internal market.

Following the 1990 reforms, Major spent much of his next seven years in office attempting to soften their impact by shifting the focus from process to outcome (Jenkins 1994:324) and by moderating the rhetoric to fit with his more cautious and gradual approach. At the same time, he was guided by a restrained pragmatism that was exemplified in his consistent belief in managed competition in the NHS. This placed the affiliated Major in the difficult position of having to convince his critics, the Opposition and sceptical voters that change was positive and would lead to a more efficient NHS, which would in turn better respond to patients' needs. Perhaps ironically, the real difficulty was created not by him however, but by his predecessor; for him following a path of continuity in policy agenda meant introducing fundamental change both in the way the NHS operated and in its culture. Consequently, after completing this first act of articulation, resolving the tension it produced became Major's ultimate challenge in health care policy. Confronted with this challenge, he chose a path of balance and compromise, neither total differentiation, nor complete continuity. He aimed to satisfy all competing groups and in doing so was unable to escape the limits of articulation that would have allowed him to step out of Thatcher's shadow to create his own legacy.

ii) The Internal Market and the 1990 Reforms: Introducing Managed Competition into the NHS

The internal market was designed in the hope of enabling the NHS to operate more like a business (Working for Patients, 1989; Pierson 1996:210) as well as to "strengthen management arrangements" (Ham 2009:37). In fact, the introduction of "a limited form of market competition in the provision of health care in the UK" (Appleby et al. 1990:3) that for the first time separated purchasers and providers and gave general practitioners the option of becoming fundholders (Klein 2010:146; Giaimo 2002:53; Allsop 1995:173-174), suggested a fundamental shift in state-funded health care. With the significance of this reform and the division it created in mind, the endorsement and use of managed competition by both Major and Clinton should be evaluated in terms of being a decision largely motivated by their respective leadership classifications.

In choosing managed competition both leaders reflected the difficulties of operating within their institutional environments and confronting their respective constraints. For Major,

maintaining the *status quo* while being guided by conservative principles meant continuing with Thatcher's reforms proposed two years earlier. For Clinton, necessarily wanting to change the received commitments of ideology and interest but being limited by needing to operate in a resilient regime to which he was opposed, meant that he had to be realistic about the extent of reform he could achieve. It is also important to note briefly that despite some challenges, compared to the US, Britain's political institutions afford "the prime minister a number of advantages in formulating, enacting and introducing a radical reform program into the NHS" (Giaimo 2002:50). Thus, Major's situation was less problematic because the reforms had already passed through parliament, making his role one of enactment. Nevertheless, as he suggests in his autobiography (1999:392), it seemed necessary to show that this policy would not lead to wholesale privatisation of the service, which reinforces the particular challenge faced by the Conservatives in reform of the NHS.

Indeed, Major's implementation of the reforms that created the internal market symbolise the starting point of his orthodox innovation in health care policy. At the time, clearly exemplifying affiliated leadership behaviour, "the emphasis was on avoiding turbulence...on achieving a "soft landing" by maintaining a "steady state." There was to be no sudden leap into a market but incremental progress towards it" (Giaimo 2002:162). Major's (1999:390) own recollection provides further evidence of affiliation, specifically he notes, "we followed through Margaret Thatcher's reforms to break the monolithic structure of health-care provision that had endured for four decades...A comprehensive Health Service, free at the point of delivery, was guaranteed everywhere, but the attention turned to the wishes of the patient in a way that had not always happened before."⁶⁰

From this statement it seems clear that Major believed the existing reforms were the most effective way to tackle the current problems within the NHS. He continues (Ibid.:391-392), making his feelings towards and support for the internal market clear: "always we were harried by the suggestion that the creation of the internal market was a covert step to full privatisation of the NHS. It was not, but we had no answer to the charge other than simply to say it was not...to make

⁶⁰ In an interview given to commemorate 60 years of the NHS, former Health Secretary Ken Clarke reinforced Major's view, arguing "it's never been sensible to compromise the principles of free at the point of delivery, paid for out of general taxation." In the same publication, another former Health Secretary, Stephen Dorrell expressed a similar opinion, "one of the things we got right in post-war Britain was the basic insistence that you get access to healthcare on the basis of need, not ability to pay. I think that is as strong now as it has ever been, and it's the right approach to dealing with health." See Timmins (2008).

clear that the internal market was a help and not a threat to the NHS, I pushed through plans for a Patient's Charter which prescribed for the first time what the public could expect from the system." Giaimo (2002:194) provides further support for the idea that the internal market would not lead to complete privatisation, while its implementation would be gradual and cautious. Specifically, she notes "as it unfolded under John Major the internal market involved a parallel enhancement of central state control, with government ministers and central bureaucrats imposing the market in the NHS from above and taking great care to constrain its scope and pace." In essence, there was a need to balance the existing primary role of the state with the newly introduced market forces in a way that minimised the disruption to the current structure and most importantly to safeguard free access. As he makes clear, Major never intended or wanted to undermine this principle, he was "completely committed to NHS values" (Dorrell 2015). Rather he hoped to change the emphasis within the NHS to a "more outcomes focused health care" (Ibid.) and in doing so improve effectiveness.

Nevertheless, the implementation of the "market reforms created an unprecedented outpouring of hostility from health professionals, opposition groups and the official Opposition alike" (O'Neill 2000:60). Major was therefore forced to defend his affiliated leadership behaviour, needing both to reconcile the internal tensions within his party and respond to hostile opposition. Major successfully achieved this reconciliation, which allowed the reforms to be completed by 1994 (Klein 2010:162). Although significantly this was achieved not by lessening his commitment to the substance of Thatcher's reforms, but by changing the language of health policy in the years after 1991. In doing so he established his own agenda for the NHS based on what Klein (Ibid.:167) calls "a modulation of policy style" that consistently differentiated Major from his predecessor and reinforces his categorisation as a balanced orthodox-innovator.

iii) The Patient's Charter: Specifying Expectations and Softening the Impact of the Internal Market on the NHS

The Patient's Charter announced in July 1991, was indirectly intended to give patients more power (Stocking 1991:1148).⁶¹ While the document retained the same emphasis on patients as that of its

⁶¹ The Patient's Charter included the right to: receive health care on the basis of clinical need, regardless of the ability to pay; to be registered with a GP; to be given detailed information on local health services, including quality standards and maximum waiting times; to be guaranteed admission to treatment by a specific date no more than two years to the day the patient was put on the waiting list; to have any complaint about NHS services investigated and to receive a full and prompt written reply from the Chief Executive concerned (Department of Health, 1991).

predecessor (Ham 2009:43-44), Major also saw it as a way to provide reassurance that the internal market would not lead to complete privatisation (Major 1999:392). This document was not a shift away from the policies of the Thatcher years *per se*, but rather an attempt to soften their impact using new language. It is unsurprising therefore that the “symbolic importance of the charter outweighed its immediate impact. It introduced a new kind of rhetoric and a new set of expectations in the NHS” (Klein 2010:169). Thus, both the purpose and the content of this document reinforce the argument that Major’s difference was one of style, while in policy he remained committed to affiliation and to the conservative principles that Thatcher had introduced to the NHS. Thatcher had wanted to increase patient choice through the internal market, now under Major, choice was combined with specific criteria “about what the public could expect from the system” (Major 1999:392), all of which were intended to increase the quality of service and make choice easier.

Following its initial introduction, commitment to the principles set out in the Patients Charter were reiterated in the 1992 Conservative manifesto, specifically “that need, and not ability to pay, is and will remain the basis on which care is offered to all by the NHS.” This pledge provided the context for Major’s agenda for health care reform, which was also included in the manifesto, and focused on patient care, reducing waiting times and increasing transparency. Alongside, *Health of the Nation*, the Patient’s Charter would be a cornerstone of Major’s agenda, however it signalled little definitive change. It is likely that no real change occurred because as Wilson Silver (1997:215) notes, “the rights are not currently (1997) protected by law, regulated or empowered by government.” In essence, Major lacked the authority to institutionalise this new policy strategy. First, he had not been elected and therefore lacked a mandate entirely. Second, after his election in 1992 he had only a small majority (21), which when combined with criticism caused him to continue to follow Thatcher’s programme in health care.

iv) The Health of the Nation: New Strategy, New Rhetoric, New Focus

After the 1992 election, Major’s agenda was effectively a “strategy for health,” again using new rhetoric to differentiate himself from Thatcher. This approach was exemplified in the publication of the White Paper, *Health of the Nation*, which for the first time focused on establishing broader goals that sought to improve public health, and consisted of a “variety of factors – including preventive medicine, diet, exercise, sensible drinking and not smoking” (Conservative Party Manifesto 1992). Indeed, “from 1992 to 1997, the *Health of the Nation* strategy was the central

plank of health policy in England and formed the context for the planning of services provided by the NHS. Its importance lay in the fact that it represented the first explicit attempt by government to provide a strategic approach to improving the overall health of the population.”⁶² In this aim it also “embraced a strategy of social mobilisation” (Klein 2010:167). The realisation that health is more than health care (Gabbay 1992:129) led to many targets and objectives, which established “a national framework for achieving health gains in five selected priority areas” (Jenkins 1994:324).⁶³

In some ways, this new focus was also a policy shift from Thatcher, although the lack of specifics relating to how to achieve these proposed targets suggest that Major remained content to operate within the boundaries of articulation and was reluctant to change fundamentally either his received commitments or the prevailing institutional arrangements. Indeed, this strategy did not produce substantial policy, rather it provided a useful rhetorical tool for ministers and others to talk about change. In reality “it failed over its five-year life span to realise its full potential” and “did not change significantly the perspective and behaviour of health authorities.”⁶⁴

Politically, this White Paper was introduced at a time when Major was struggling to maintain control, having secured a narrow victory in the 1992 election. Major now confronted the challenge of governing, one which required establishing his own agenda, and in the process distancing himself from Thatcher, but not to the extent that he irreparably damaged the *status quo*. The pragmatism that had been a positive asset before the election, now became a source of criticism, it “meant that he lacked any future goal – any obvious sense of clear direction – that could be used to rally popular support” (Norton 1996:67). In essence, he was criticised for operating within the boundaries of a leadership situation that he had inherited. At the time the *Health of the Nation* strategy was interpreted as something that could “force the government’s hand...an unparalleled chance to make the NHS reforms work in the interests of people’s health” (Gabbay 1992:130); however, it failed to deliver quantifiable change within the NHS or in public attitudes towards health care.

In hindsight, it is clear the 1990 reforms and Major’s strategy for improving public health did not and could not operate in tandem, therefore exemplifying the tension between an affiliated leader’s mandated authority to continue existing policies, while also pursuing a course of limited

⁶² The Health of the Nation – a policy assessed, p. 2.

⁶³ The five priority areas were: cardiovascular diseases, cancers, HIV, mental illness and accidents (DoH 1992).

⁶⁴ Health of the Nation – a policy assessed, p. 2.

change that enables creation of an individual legacy. The policies of the Thatcher period that he had implemented both outlived and took precedence over his own strategy. After 1991 he found himself consistently defending the reforms, touting their success and reiterating that they were “here to stay” despite also saying in the same speech that the Conservatives had “won the battle of the health reforms” (Major 1992). Indeed, discussions of health care in the period 1992-1996 included responses to Opposition criticism of the 1990 reforms and their potential to lead to privatisation (see Ibid.; 1993; 1994).⁶⁵ Thus, he was essentially forced to return to the primary responsibility of a leader of articulation, maintaining the *status quo*. With this obligation in mind, it is unsurprising that both the Patient’s Charter and the *Health of the Nation* produced only limited and short-term change.

v) Evaluating Major’s Affiliation: A Balanced Approach, Different in Style but Same in Policy

Over the course of his premiership, Major both accepted and understood the demands of his status as an orthodox-innovator. His understanding came largely from the way he initially became prime minister, in a situation where continuity would safeguard not only Thatcher’s legacy, but also prolong the rule and success of the Conservative Party, and in doing so maintain the resilience of the conservative regime. His acceptance came from a desire to be faithful to Thatcher’s policies, even if these had to be moderated for the changed political-institutional environment and economic circumstances of the early 1990s. Acceptance also came from his own personal style that favoured collaboration and reconciliation over reconstructive ambition. His response was to take a balanced approach; he consciously chose to differentiate himself in personal style while continuing to implement Thatcher’s policy programme. Indeed, Major contradicts the argument that all leaders will in some way be order-shattering, or that they will all begin with reconstructive desires regardless of their place in political time.

For this reason, it is difficult to argue that John Major was either active or inactive during his time in office. While he did have his own health care agenda and vision for the NHS, at the same time he remained committed to the policies of his predecessor and using those as a basis on which to pursue his own agenda. He knew that he was in a position where change, after the reforms

⁶⁵ In his 1994 speech, Major responds specifically to the Liberal charge that the local (Kincardine) hospital Trust was a dangerous first step to privatisation” as “simply untrue.” Also see Major’s response to then Opposition leader Tony Blair, during prime minister’s Question Time (January 18, 1996). Available from: <http://www.johnmajor.co.uk/page383.html> (Accessed 2 July 2014).

were implemented in 1991, would be limited and often divisive. Adopting a contrasting personal style served as an effective way to pursue his agenda in light of the inherent tension that accompanies affiliation when the *status quo* is disrupted. This contrast was however insufficient to label him an active orthodox-innovator. In fact, it was Thatcher herself who had created the initial disruption to the *status quo* in the NHS by proposing the most fundamental reforms in 1989. Major, acting entirely consistently with affiliation was left to limit the disruption and balance the conflicting ideas and interests. Consequently, supported by the recollections of the Secretary of State for Health between 1995-1997, it seems appropriate to locate Major between these two opposing distinctions and to label him “balanced” and “interested.” As Stephen Dorrell remembers, although Major “was always abreast of the issues,” health care policy “wasn’t something he took an active role in.” Instead, and entirely as expected, Major cared “more about implementation, not something new.”

A change in style had again been reinforced by 1996. The publication of *A Service with Ambitions* (DoH 1996) as Major and the Conservatives looked towards re-election, demonstrated “a change in attitudes,” which “in part reflected the different, more emollient tone set by John Major as Prime minister, compared to Mrs Thatcher, he was less ideological and aggressive in style” (Klein 2010:172). It was to some extent also an attempt to restore the consensus between the parties and in public that had existed from the creation of the NHS until the path-breaking 1990 reforms (Ibid.). With the aim of restoring consensus in mind, as Alan Langlands (2015), a former health adviser in the Blair government, remembered, this document signalled the beginning of continuity between the Conservatives and New Labour. Stephen Dorrell the then Health Secretary and the Shadow Health Secretary Chris Smith identified four areas that would be crucial to formulating health policy in the run-up to the election: further development of primary care, quality care, workforce development, and information management and IT, which were pragmatically carried forward by Blair and New Labour after the 1997 election (Ibid.).

Collaboration on this document and a concerted effort to reach agreement nicely illustrates the difference between a reconstructive and affiliated leader. An affiliated leader is much more willing to compromise to maintain the *status quo*; in contrast a reconstructive leader aspires to enact fundamental change consistent with his or her ideological agenda and will therefore be unconcerned with the need to compromise or consider preferences of political opponents. In his collective approach, Major was content to act within the boundaries of affiliation and to take a less

active, if interested role in policy. In not wanting to disrupt the *status quo*, he was content to allow the Health Secretary and advisers to take a leading role.⁶⁶ On a personal level, he faithfully pursued conservative policies towards the NHS without feeling the need to be explicitly ideological or aggressive, something entirely consistent with his expected leadership behaviour. The resilience of the regime ensured that he did not need to invest the time and energy in changing the received commitments of ideology and interest. Rather he was able to take a more placatory approach that focused on making ideas that had originated with Margaret Thatcher more politically palatable to a wider range of groups. This changed focus in turn reflected his acceptance of the difficult institutional environment he encountered, with a small majority in parliament and internal tensions within his own party.

Moreover, unlike his American counterpart George H.W. Bush, he did not interpret affiliation as a safety net, but rather as a basis for action, based on making the NHS more efficient and cost-effective. This commitment afforded him the agency to exercise his power in such a way as to differentiate himself from his predecessor. This point provides further support for characterising John Major as a balanced orthodox-innovator, a position that forced him to confront many more of the challenges traditionally encountered by affiliated leaders, largely because he wanted to shape his own health care agenda while at the same time understanding and respecting the power of the *status quo*. This conclusion is supported by Glennerster (1994:330) who maintains, “no discernable “Major effect” in social policy is evident. The dilemmas remain. So, too, do the policies of the Thatcher period.” This rather negative assessment of Major’s social policy suggests that in fact he was a successful orthodox-innovator. Ultimately, despite losing the 1997 election, Major left the conservative regime in a state of continued, if slightly decreased, resilience. The terms of the debate in British politics had been fundamentally changed, both ideologically and economically, and Major had ensured that the received commitments of ideology and interest that Tony Blair would encounter upon becoming prime minister would force him into a position of pre-emption.

⁶⁶ Stephen Dorrell (2015) expressed the belief that Major’s leadership role was “not controversial.” In fact, it was the Health Secretaries, first Ken Clarke and then William Waldegrave that were more important in terms of policymaking.

Section IV. The Health Care Reforms of Bill Clinton

i) Context

By the time Bill Clinton became president in January 1993 health care reform had become an important political issue (Hacker 1997a:41). Politically, health care reform provided an effective way for Clinton to challenge the boundaries of pre-emption, allowing him to follow a path of active pre-emption, in which he not only established, but also aggressively pursued his own agenda.

Clinton consistently increased the politicisation of the issue among the American people throughout the 1992 campaign (Blumenthal and Morone 2009:356) and thereafter as president. Beginning with the speech declaring his candidacy, in which he pledged “to provide affordable, quality health care for all Americans” within the first year of his presidency (Clinton 1991); to his instructions to the First Lady and Ira Magaziner on the health care task force⁶⁷ (Clinton 1993a:96-97) to produce a reform plan that would provide “universal coverage without a tax increase” (Clinton 2005:620). Then with increased impetus after the announcement of the plan in September 1993 (Clinton 1993c) to the numerous events and rallies across the country, in Tampa (Clinton 1993d), New York (Clinton 1993e), Topeka (Clinton 1994b) and Minneapolis (Clinton 1994c), all of which gave Clinton the opportunity to keep health reform on the national agenda and to reinforce the benefits of his plan in order to sustain public support, which in turn he hoped would force Congress to act.

The background to reform was the combined need for cost containment and universal coverage. In 1992, 39.7 million Americans were uninsured⁶⁸ and health care costs were becoming unsustainable. In the same year, the US spent 12.7 percent of GDP on health care,⁶⁹ both of which made reform a national priority (Starr 2011:79). After months of deliberation and debate, the president announced his health care reform plan in a speech to a joint session of Congress on

⁶⁷ Discussing the importance of a task force, Holloway (1996:164) notes, “a task force confers institutional legitimacy on the issue...and draws public attention through the president’s personal endorsement.” Clinton undermined its legitimacy however by “centralizing control of the project within the White House,” which created clear divisions between the executive and Congress and between Democrats and Republicans. These divisions exacerbated when Hillary Clinton and Ira Magaziner “banned Republican staff members from the task force,” thus refusing to consider potential compromises (Crockett 2002:182-183).

⁶⁸ US Census Bureau: *Statistical Abstract of the United States*: 1996, Table 173, p.120.

⁶⁹ OECD Health Data: Health expenditure and financing.

http://stats.oecd.org/BrandedView.aspx?oecd_bv_id=health-data-en&doi=data-00349-en# (Accessed 15 October 2013). In her autobiography, Hillary Clinton puts this figure as high as 14 percent of GDP; see Clinton (2003:144). Similarly, in remarks at the Governor’s Meeting in Boston in July 1994, President Clinton cited 14.2 percent of income spent on health care.

September 22, 1993, in which he set the reform agenda by focusing on six key principles: security, simplicity, savings, choice, quality, and responsibility (Clinton 1993c; see also Rubin and Hook 1993; Zelman 1994:11; Holloway 1996:168-169; Starr 2011:100-101). In proposing reform Clinton was responding to widespread public opinion that the health care system was, in his words, “badly broken” (Clinton 1993c:1837; see also Laham 1996:3; Skocpol 1996:16); making it clear both during the campaign and after taking office that achieving health care reform would be the primary objective of his first term (Steinmo and Watts 1995:362).

While there was consensus on the need for reform (Waddan 2012:99), there was a lack of consensus on the *most effective* reform (Pfiffner 2001:70-71; Starr 2011:80). This uncertainty created a valuable opportunity for Clinton to use his leadership position to build such a consensus to convince Americans that his plan was beneficial for the country. Yet, as the debate over the plan unfolded, its complexity (Navarro 1995:460; Skocpol 1995:73; Holloway 1996:159; Arnold 2000:25; Béland, de Chantal and Waddan 2002:24; Starr 2011:99; Hoffman 2012:184)⁷⁰ meant that the president was unable to maintain his initially high public support (Blenson, Brodie and Benson 1995:7; Brodie 1996:100). Furthermore, Clinton could not easily explain his plan, which augmented the pre-existing institutional constraints he faced, leading to eventual defeat.

Institutional barriers, although not initially constraining, became so as a consequence of Clinton’s leadership behaviour. Clinton himself activated the potentially constraining impact of these institutions by attempting to enact what was tantamount to reconstructive change in health care within a pre-emptive environment.⁷¹ Had Clinton accepted the pre-existing environment and instead followed an agenda of incremental reform, the institutional structure could have been equally facilitating. In reality, these constraints were compounded by a number of circumstantial factors and an increasingly hostile political atmosphere, defined by consistently effective public relations campaigns initiated by conservative anti-reform groups, and paid for by influential health

⁷⁰ Discussing its complexity, Hoffman (2012:184) provides the following summary of the reform proposals: “[T]he Clinton Health Security Act, nearly 1,400 pages long, proposed a dauntingly complex system of managed competition: competing insurance companies organized into regional health alliances and overseen by a National Health Board. Under this system, everyone would be insured via an employer mandate, with subsidies for smaller employers and unemployed people.”

⁷¹ Supporting this point, Hacker (1997a:173) notes “whether efforts at policy change fail or succeed is usually not a product of institutions alone, but of the “fit” between the strategies reformers employ and the institutional structures through which they must pursue their goals.”

care companies and business organisations. This is the context in which Clinton's reform efforts must be assessed.

ii) Choosing a Reform Strategy: Managed Competition as a Pre-emptive Compromise

The decision-making process that led to Clinton's choice of managed competition illustrates the constraining effects of the pre-existing institutional arrangements faced by a pre-emptive leader. Clinton had three goals for his reform plan, "to achieve universal coverage while reducing the deficit without a general tax increase" (Starr 2011:95; see also Wilsford 1994:270-271). Guided by these aims, the context in which Clinton took the decision was one where prior to 1992 there had been "a clear intent by corporate America and the medical-industrial complex to sell managed competition to the public as the solution to the health care crisis (Narravo 1994:209). On this basis, it is reasonable to assume that Clinton chose managed competition because it allowed him to achieve each of his goals, thus giving his plan the greatest chance of legislative success. Moreover, his choice also served as an acknowledgement of the potential power of the health care industry, even if he subsequently underestimated it.

His decision was largely dictated by political pragmatism and an awareness of the ideological constraints he faced in his ambition to enact radical health care reform, which made the need for compromise inevitable. Supporting this point, Starr (2011:119) notes, "by adopting a managed-competition framework, it seemed, the president was laying the basis for eventual compromise." In fact, the decision to compromise was an incremental and deliberative process. Clinton's strategy was reached after much discussion and negotiation with administration officials, health care experts and other significant groups within the Health Care Task Force led by Hillary Clinton and Ira Magaziner, who was a supporter of managed competition (Blumenthal and Morone 2009:357). It was a decision shaped by the historical, political and cultural considerations of the existing context in which he had to operate, as much as it was the pragmatic recognition of the fact that controlling costs and "avoiding new taxes was absolutely critical" (Ibid.:358; Starr 2011:95).

Indeed, when asked in January 1993, whether he could "provide universal coverage without driving up the deficit," he responded "I think you can if you control the cost of health care" (Clinton 1993a). It was precisely this desire for cost containment that primarily motivated his choice of managed competition. Moreover, taking an historical perspective on health care reform also offers a valuable explanation of Clinton's choice. In the same way the extent of

reconstruction that presidents have been able to achieve has narrowed over the course of American history (Skowronek 1993:32), so too has the extent of health care reform a president has been able to accomplish. Since FDR in the 1930s, the president who arguably had the best opportunity to introduce universal coverage, presidents have faced increasingly difficult legislative battles and ultimately either compromised (Johnson, Obama), failed (Nixon, Carter, Clinton) or essentially avoided the issue (FDR, GHW Bush, GW Bush). Consequently, any idealism about what is best for a majority of the population at the beginning of the decision-making process is ultimately overtaken by a realist politics that involves bargaining and trade-offs, all of which help to explain Clinton's choice.

In addition, on a practical level, "the greatest political virtue of managed competition is what it is not – namely, it is not direct government provision or financing of care" (Wiener 1994:2). More importantly it was believed by advocates of the strategy that "managed competition would further strengthen the control of the insurance companies and large employers over the health sector" (Navarro 1994:207). Thus, Clinton was able to counter the criticism that his plan meant the introduction of socialised medicine. Moreover, as Evans (1997:437) notes, "managed care and competition...emerged as a sort of lateral move in response to failure and frustration, marketed as an opportunity for the United States to innovate and leap over the experience of other countries to a position of leadership." In his choice, Clinton was combining two important ideas. First, politically and ideologically, managed competition appeared to be the most palatable, and significantly it also adhered to his Third Way principles (Zelman 1994). Second, in pursuing the liberal goal of universal coverage, Clinton hoped to ensure that America would again be considered a world leader in health provision, despite extremely high and unsustainable levels of spending and a low level of satisfaction relative to other countries (Blendon et al. 1990; Evans 1997:436-37).

iii) The Importance of Effective Leadership in Overcoming Institutional Constraints

It is necessary to discuss whether Clinton's choice of managed competition illustrated effective (if pragmatic) leadership, and the extent to which successful leadership, or lack thereof, can either exacerbate or lessen existing institutional constraints. The starting point for this discussion emanates from historical context. In essence, history shaped, and in Clinton's case as a pre-emptive leader, constrained each step of the reform process, from initial choice to ultimate failure. Specifically, Hacker (1997a:171) maintains that "the origins of the Clinton plan cannot be

understood without an appreciation of the political, institutional and cultural barriers to universal health care that reformers faced in the early 1990s.” Heclo (1995:86-98) makes a similar argument in assuming that “success in reforming social policy generally depends not on hundreds or thousands of detailed circumstances but on certain key background conditions that may be identifiable.” In other words, historical context is important and should be recognised as such when constructing and evaluating contemporary reform attempts (see Hacker 1998). Moreover, as should now be obvious based on the typology within Skowronek’s model, history can either constrain or facilitate a president’s ability to shape his political environment and thus has a fundamental impact on the success or failure of any reform. As such, historical context is directly related to institutional context given that, in their permanence, institutions can affect the direction of history depending on the extent to which agents can overcome pre-existing institutional obstacles. It is also important to note that the president does not exercise his powers in isolation, nor does change occur in a vacuum; rather, it is embedded within the existing political context. In proposing reform, presidents are attempting to change their political direction, which will over the long-term also change the historical context.

In fact, Clinton faced a difficult leadership situation from the start, thus effective leadership was vital for Clinton and even more so because presidents are compelled to act “within the institutional role of the presidency” (Arnold 2000:19). Within the institution, it is the “individual personal qualities combined with the constraints, expectations, routines and possibilities of the presidential office” that constitute presidential leadership (Ibid.:19-20).⁷² Effective leadership is also crucial to overcoming the confusion and fear that are inevitably produced by fundamental change. Consequently, the president in his position as leader of the executive must have the skill and authority to overcome the institutional challenges he faces in order to convince his opponents and reassure his supporters, such that he gives his proposed reforms the greatest chance of success.

Similar to Hacker in recognising the importance of context, Laham (1996:3) maintains that Clinton failed “to appreciate the substantial political obstacles which have prevented the establishment of national health insurance in the past and continue to do so.” Failing to appreciate these obstacles, Clinton did not allow himself the opportunity to display the necessary leadership, which would have maintained public support and increased the probability of compelling Congress to pass his reform bill. It was not that he lacked the leadership skill or that he “misread” his place

⁷² For a theoretical discussion of leadership behaviour see Hacker (1997a:160-162).

in political time (Hoekstra 1999a:633-634). While he understood his was a pre-emptive position, his mistake was one of over-ambition relative to the political context in which he had to operate. Excessive ambition left him unable to capitalise on the increasing public concern over the state of the health system, even though he had initially received strong support from those who felt that change was necessary to prevent further decline.⁷³ In addition, he was unable effectively to communicate the benefits of the plan to the American public. In contrast with the Republicans, who could rely on Christian groups and radio talk show hosts such as Rush Limbaugh (Skocpol 1995:72); Democrats lacked grassroots support. Consequently, both the existing political environment and the obstacles Clinton encountered resulted in large part from the institutional challenges any reform-minded president faces when proposing far-reaching changes (Steino and Watts 1995). Indeed, the four reasons Laham (1996:1) gives to explain the failure of the Clinton plan can all be traced back to the institutional arrangement of the US political system, which combined with the received commitments of ideology and interest created insurmountable barriers to legislative success.⁷⁴

iv) Health Care Reform and the Third Way: A Manifestation of Pre-emptive Leadership

Upon his election in 1992, Clinton, like his pre-emptive predecessors confronted the question that defines this leadership position, to what extent is it possible to “bridge the gap between winning elections and building a substantive policy legacy that in turn restructures political allegiances” (Béland and Waddan 2006:68). In response Clinton chose to construct and follow a path of active pre-emption, primarily manifested in his support for and adherence to the values of the Third Way (Blair 1998a; Giddens 1998, 2000). Alongside British prime minister Tony Blair and other European leaders, the Third Way was as “an attempt to synthesise conservative market principles with a general commitment to the pursuit of social justice” (Béland, de Chantal and Waddan 2002:20). In essence, it was an attempt by both Clinton and Blair to “occupy a middle ground

⁷³ Support for Clinton’s plan went from an initial high of 71 percent, to 59 percent at the time of his announcement (September 22, 1993). By June 1994, only 33 percent believed it would be good for a country, a decrease of 22 percent. For a discussion of the decline in support for Clinton’s proposed reforms see Blendon, Brodie and Benson (1995:8). For a discussion of Americans’ political participation in the debate see Brodie (1996:99-128).

⁷⁴ These four reasons are: traditional opposition from the health care industry, successful public relations campaigns orchestrated by Clinton’s opponents to defeat the plan; opposition from the vast majority of the business community; and deep divisions in the Democratic Party as to what kind of national health insurance should be established.

largely defined by their opponents” (Skowronek 1996:32). In doing so both leaders hoped to restore to their respective parties some of the credibility they had lost in the previous decade. Thus, for Clinton, as Skowronek (Ibid.) notes:

To talk about a third way in 1992 was to acknowledge the Democrats’ three consecutive losses to liberal-bashing Republicans and an attempt to adjust the Democratic alternative to new political realities created by the Reagan Revolution. Clinton’s political challenge was to dispel the aura of illegitimacy that had come to surround his party’s posture in national politics, to redefine the choices at hand so that Republicans no longer posed the only alternative to discredited liberalism.

Distancing himself from both sides, Clinton tried to develop the Third Way as a new approach that was less explicitly ideological, less concerned with partisan wrangling and with the ability to change the direction of society. Moreover, if the Third Way is viewed as Clinton’s attempt to redefine the received commitments of ideology and interest in order to legitimise Democratic leadership, it is unsurprising that some scholars interpret the Third Way as “the ideological expression of pre-emptive presidential leadership” (Béland, de Chantal and Waddan 2002:20). Regardless of whether he began with reconstructive ambitions in health care reform, the realities of governing within existing institutional arrangements meant that an agenda of active pre-emption, which he continued to pursue until it was too late, was both unrealistic and legislatively impossible. Indeed, Clinton (1994e:1522) only began to talk about compromise in July 1994, just two months before the plan was abandoned in the Senate.⁷⁵ In early 1992 however, before Clinton had experienced the political reality, many of his supporters believed Clinton “had been elected as a New Democrat who would seek out Third Way answers to the country’s problems” (Waddan 2012:94).

In relation to health care reform, not only did the Third Way provide the context in which Clinton proposed his reforms, his chosen plan based on managed competition (Hacker 1997a:3) exemplified the Third Way in its attempt to combine the liberal goal of universal coverage with the conservative goal of cost containment (Béland, de Chantal and Waddan 2002:23; see also Skocpol 1996:17; Hoffman 2012:184). Similarly, Skocpol (1996:17) argues that this combination amounted to a “compromise between market-oriented and government-centred reform ideas,” which amounted to a “middle way” (Skocpol 1995:68). A *New York Times* article (Toner 1993) written at the time supports this view; adding government oversight to managed competition

⁷⁵ As Clinton (2005:620) notes in his autobiography, “On September 26, (1994) George Mitchell formally threw in the towel on health care reform...I put out a brief statement saying I would try again next year.”

represented the “third way” (Hoffman 2012:184) that Clinton “so often seeks in truly polarized debates...not pure Jackson Hole,⁷⁶ not total regulation, but something that seeks to meet the progressive goals of making health insurance more affordable and more widely available without utterly dismantling the American system.” William Zelman (1994:11), an adviser to Clinton during the 1992 campaign, also described the reforms indirectly using the language of the Third Way (Waddan 2012:105), when he argued that the reforms “draw on the best of competing ideas to create a new, higher-level synthesis, and in so doing to overcome the ideological and political deadlock that has marked the reform debate over the past decade.”

Ultimately, Clinton’s choice of managed competition was entirely consistent with his Third Way programme. Significantly, he also understood at least partially that “institutions critically affect preferences” (Steinmo and Watts 1995:336). Indeed, it is possible to argue that had the political context been one of extreme crisis as it was for FDR prior to the New Deal, it is possible that Clinton could have engaged in reconstructive politics. In contrast, in deference to the existing ideological climate that was defined not by crisis but by the need for conservative cost containment and economic responsibility, he chose “managed competition precisely because he believed it had the best chance of “surviving the political gauntlet” (Hacker 1997a:171). The fact that this choice also exemplified Third Way thinking perhaps symbolised his attempt to achieve reconstructive change “absent reconstructive circumstance” (Hoekstra 1999a:659).

Given that the necessary political environment did not exist, as Hillary Clinton (2003:153), remembered in her autobiography: “[W]e wanted a process that considered a variety of ideas and allowed for healthy discussion and debate. And we wanted to adhere to congressional wishes as much as we could.” Indeed, as the debate became more partisan, Hillary again indicated that the president was willing to make “concessions and compromises” with Congress. Indeed, despite threatening to veto any legislation that did not include universal coverage in his January State of the Union address (Clinton 1994a), six months later in July, he stated, he “could support something less” (Clinton 2003:230; see also Lacayo 1994:40-41). The president then reiterated his willingness to compromise as well as the need for “flexibility” when he said, talking about universal coverage, “you’ve got to get somewhere in the ballpark of 95 percent or upwards”

⁷⁶ For a discussion of the Jackson Hole proposal and a list of the participants, 1990-1992 see Hacker (1997:62-165; 186-188).

(Clinton 1994d:1520; see also Holloway 1996:175).⁷⁷ Whether this willingness to compromise suggests an awareness of an increasingly difficult situation, or whether it demonstrated a degree of acceptance that the initial plan was both too ambitious and complex remains uncertain. Supporting this point, Speaker of the House Tom Foley (D-OR) believed the problem that “the Clintons did not want to acknowledge was that there was no consensus to support a plan as ambitious as they offered – not in the country, not in the Democratic Party, not in the House” (Tom Foley, quoted in Blumenthal and Morone 2009:378). Nevertheless, the president had no choice but to negotiate and bargain with Congress since this is the only way any legislation will be passed in a system of separated powers, in which both policymaking and health care provision are largely decentralised (Hacker 2004a:694).

Consequently, the plan may have seemed reasonable to the administration in its potential to gain support from across the ideological spectrum, both liberal and conservative Democrats (Skocpol 1996:46) as well as Republicans. In reality however, “Clinton lost control of the definition of his plan,” (Crockett 2002:183), allowing the GOP to successfully brand his plan as too much “big government” (Skocpol 1995:76) making it appear “just too far to the left” (Waddan 2012:93). The conservative Republicans with support from other conservative groups were successfully able to cast the health care reform debate into a purely ideological battle (Skocpol 1996:143; Waddan 2012:107). Ideology would come to dominate every discussion, something sparked by the publication of the Kristol Memo (1993). This memo authored by Bill Kristol as part of the Republican Project for the Future outlined a strategy through which “Republicans might reframe the current health care debate, offer a serious alternative, and, in the process defeat the president’s plan outright.” To ensure they achieved this primary objective, the memo reinforced the need for Republicans in Congress to cast the health care plan as an example of Clinton’s “attachment to traditional, big government, tax-and-spend liberalism.” Moreover, they must “adopt an aggressive and uncompromising counterstrategy designed to delegitimize the proposal and defeat its partisan purpose.” The advice given in the memo was undoubtedly successful in galvanising Republicans, and led indirectly to extremely effective anti-reform television and radio campaigns.

⁷⁷ When a plan was finally introduced in the Senate by Majority Leader George Mitchell on August 9, it did in fact aim to “achieve 95 percent coverage” (Holloway 1996:175).

Hillary Clinton (2003:230) offers a similar assessment in her memoirs, noting “we were on the front lines of an increasingly hostile ideological battle between centrist Democrats and a Republican Party that was swinging further and further right.” As such, the president was portrayed as wanting to increase the role of the government in health care provision and dramatically expand the welfare state, both of which delegitimised his plan. In contrast, Republicans buoyed by support from the health care industry, were able to play on the fear of many Americans who were confused by the complexity of the proposal. Indeed, the “Harry and Louise” commercials, orchestrated by the Health Insurers Association of America, were the best example of the successful manipulation of this fear (West, Heith and Goodwin 1996:41). Significantly, all conservative groups communicated the same message: “the Clinton plan was a bureaucratic nightmare, it would be too expensive, it would reduce the choice of most Americans, and it would lead to rationing, and ultimately to European-style medical socialism” (Carter 2004:116).

As a political agenda then, the Third Way as exemplified in the *Health Security Act* (HSA), failed because of the complexity that resulted from combining liberal and conservative principles, which left Clinton vulnerable to opposition from both sides; Republicans who portrayed the plan as an intrusion of government and many Democrats who favoured alternatives (Skocpol 1995:68-69; Hacker 1997a:3). The difference between his intention for reform and the actual outcome clearly demonstrates the difficulty in applying what was essentially a theoretical concept to such an important and divisive policy issue as health care reform. Moreover, Waddan’s (2012:110-111) conclusion that the failure of the reform plan was a “defeat for the Third Way,” brings into question how much Clinton and his administration were privately committed to this concept even as they espoused the “bold principles it publicly embraced” (Ibid.).

By communicating the ideological vision behind his choice of reform incoherently, Clinton effectively consigned himself to following a path of inactive pre-emption on this issue for the remainder of his time in office, which manifested itself in a lack of explicit presidential leadership and a willingness to let others take control.⁷⁸

⁷⁸ In spite of the 1994 defeat, the administration did have health care successes: Health Insurance Portability and Accountability Act (Kassebaum-Kennedy Act), ensured that workers would not lose their insurance when changing jobs. The Children’s Health Insurance Program was “the largest expansion of health insurance since Medicaid was enacted in 1965.” For a brief discussion of these, see Waddan (2002:106-107).

v) Explanations for the Failure of Clinton's Plan: Republican Opposition, Democratic Division and the "Politics" of Health Care Reform

If Clinton's failure to espouse the principles of the Third Way is exemplified by the failure of his reform plan, more generally the failure also "reveals the limits of Clinton's political context and the constraints of the institutional presidency within that context" (Arnold 2000:26). In short, Clinton failed to fully appreciate the constraining impact of a pre-emptive political environment. This failure was compounded by his inability to use his political agency as president effectively, which in turn would have given him the opportunity to overcome these limits.

More specifically, Clinton's failure to ensure the passage of reform in his first term before the Republicans took control of both Houses of Congress in the 1994 midterm elections seriously diminished the probability of success (Laham 1996:xii). Not only did the proposals produce deep partisan divides in Washington (Ibid.:4), Clinton was forced to work with Republicans in Congress since the Democratic majority in the Senate was too small to block filibusters (Arnold 2000:26); while he also needed the support of conservative Democrats in the House (Starr 2011:123). All this confirmed Clinton's status as a pre-emptive leader as he found himself directly opposed to a large portion of the GOP, who could continue to rely on the resilient ideological commitments within the existing regime.

Explaining Clinton's failure using an institutional, APD framework, it is important to recognise that Clinton misjudged the institutional constraints he faced throughout the reform process. Clinton failed to understand that "institutions shape how interests organize themselves, how much access to power they are likely to have, and even the specific policy positions they are likely to take" (Steino and Watts 1995:336). Since these groups heavily contribute to re-election campaigns⁷⁹ (Laham 1996:3), their power has become effectively institutionalised. Speaking to this point, in his memoirs, Bill Clinton (2005:620) cites the power of interest groups as the major reason for the defeat of his plan, yet he did not show these powerful lobbying groups the necessary consideration or willingness to comprise that would have increased the probability of success. Significantly, the power that these groups command is directly connected to the other institutional constraints a president confronts. With considerable financial backing from the health industry (West, Heith and Goodwin 1996), the Republicans were able to become more ideologically

⁷⁹ Federal Election Commission records show "direct donations of \$25 million to Congressmen from health-related interests in the period 1993 through the first quarter of 1994" prior to the defeat of the Clinton plan (Center for Public Integrity 1995:214; quoted in Moran 1999:6-7).

extreme in their attacks, knowing that it would not hurt their re-election chances in the November midterms.

In contrast, Clinton needed to appeal to the ideological centre and in doing so he did not attract sufficient support from any major constituency. A further institutional barrier resulted from the relative weakness of US political parties, especially compared to their British counterparts (Hacker 1997a). Specifically, there was deep Democratic division in Congress, both before and after Clinton sent the bill (Blumenthal and Morone 2009:377). Further, as opponents consistently and successfully attacked the plan for entailing excessive governmental control, Democrats were reluctant to embrace the reform effort if the price were to harm their re-election chances.

vi) Evaluating Clinton's Behaviour: The Failure of Active Pre-emption in a Constraining Institutional Environment

Following the decisive failure of reform, Clinton drew lessons from his leadership situation. First, the Third Way lacked support and had not become the political alternative that Clinton had hoped would distance himself both from the established conservative regime and from the discredited liberal regime of the 1970s. Consequently, the Third Way could not provide the necessary legitimacy for his decision to pursue an agenda of active pre-emption outside of existing institutional limits. Second, that he lacked the authority to repudiate the existing arrangements, which left him unable to create the legacy he wished for himself, which would thereafter be largely defined by circumstances beyond his direct control. Third, that he was unable to change his place in political time and could not achieve reconstructive change in health care provision.⁸⁰

If Clinton did come across as “something of a political innocent” (Miroff 2000:116) during the debate, he did not lack the leadership skills or rhetorical ability that could have ensured the success of the plan, rather the Republicans were more skilled in attacking the proposed reforms, essentially turning what began as an ideological compromise into socialist health care (Carter 2004:116). The fact that Clinton's choice of managed competition as a response to, and acknowledgement of his pre-emptive context became irrelevant only reinforces the power of the institutional constraints he faced. In addition, the massive financial support Republicans received from the health care industry (West, Heith and Goodwin 1996:44) also ensured that public opinion

⁸⁰ Steinmo and Watts (1995) do offer alternative explanations for the lack of universal health insurance in the US: culture (i.e. an historical bias against increased government control) and interests (i.e. opposition of powerful interest groups).

was on their side. With declining public support, confusion over the complexity of the plan and a divided party in Congress, Clinton could not overcome these political and ideological barriers. In a statement following the abandonment of reform, while he expressed his continued commitment to health care reform, Clinton (1994f:1868) blamed special interest groups for its ultimate defeat when he spoke of fighting for campaign finance and lobby reform, “so these special interests do not continue to obstruct vital legislation.”

More specifically, if the reasons for the failure of the plan are evaluated within the context of the existing ideological environment and historical context in which Clinton operated, then it is possible to trace their origins to the institutional arrangement of the US political system that forced Clinton to engage in pre-emptive politics (Béland, de Chantal and Waddan 2002), marked by pragmatism and compromise. It is clear that institutions act as barriers to reform, what is more important is the question of “how fixed those barriers are” (Hacker 1997a:173). For Clinton, some barriers were fixed, others could be overcome, yet what the president failed to realise was that his own activist agenda augmented the permanence of these barriers, which were already *de facto* constraining as a result of his pre-emptive status.

Five main points are important to note in view of this argument. First, there are “institutional biases against large-scale reform” (Steinmo and Watts 1995:330) in a system of separated powers “explicitly designed to pit faction against faction.” Furthermore, the primacy of decentralised policymaking between the executive and legislative branches, in addition to the possibility of divided government, increase the number of veto points (Immergut 1990, 1992; Hacker 1997a:173; Béland 2010) that the president must negotiate in order to achieve legislative success. Clinton could do nothing to change this structural limitation. Second, high issue salience and media attention can increase partisanship and ideological extremism, as well as divide public opinion. This was especially true during the debate given Clinton’s relationship to the conservative regime and the vehement nature of Republican opposition that diminished the possibility of cooperation and compromise (Skocpol 1995). Clinton’s attempt to pre-empt this problem by portraying managed competition as a strategy with broad appeal was manipulated by his adversaries and ultimately backfired. Third, the need for congressional approval of the bill combined with their constitutionally-given appropriation power placed the Republicans in an offensive position where they were able to attack the plan. In contrast, Clinton was forced onto the defensive, essentially only able to justify his plan and present it as a “compromise” between liberal

and conservative values (Skocpol 1996:17). The president's reliance on his party in Congress to pass the bill rendered Clinton unable to surmount this barrier. Significantly however, Clinton might have lessened this barrier by giving Congressional leaders a more explicit role in the policymaking process. His desire to control the drafting of legislation within the White House (Starr 2011:81) and further to make it personal (Blumenthal and Morone 2009:364) increased hostility from Republicans and Democrats alike. Fourth, the lack of control the president has over his party in Congress and the consequent lack of party discipline on which presidential leadership is dependent (Arnold 2000:20), meant that Clinton was unable to overcome the Democratic division. Similarly, neglecting to seriously consider other reform plans excluded other Democrats from the process and further separated Clinton from his party as well as dividing his supporters.⁸¹ Finally, the organisation of American elections essentially dictates a highly "individualized and entrepreneurial style of politics," which undermines unity, something necessary for any radical reform attempt (Hacker 1997a:172). When combined with "federalism, the regional malapportionment of the Senate, and the power of the filibuster" it is clear that achieving fundamental policy change in a system where structural fragmentation dominates (Heclo 1995:87; Steino and Watts 1995) requires considerable agreement, coordination and skill on the part of political leaders (Hacker 1997a:172), most of which did not obtain during the year-long health care debate.

While this argument may appear to neglect other more contingent reasons for the failure of the plan such as the "complex, disorderly and chaotic policy development" (Blumenthal and Morone 2009:367) that occurred within the task force, institutional factors have been cited by scholars as primary contributors to failure (Immergut 1992; Steinmo and Watts 1995; Hacker 1997a:172-173). In addition, given the more permanent nature of the institutions compared with the continual cycle of agents that occupy the Oval Office, in fact the US political system is set up in such a way as to be *de facto* constraining. In order to become a facilitator of change, the president as agent must possess the necessary political skill and a favourable set of circumstances in order to shape his political environment and pass legislation consistent with his ideological agenda. In other words, he must aim for balance in respecting the institutional context at the same time as

⁸¹ Discussing the support for a single-payer alternative, Navarro (1994:210-214) notes that the Task Force did discuss this option with favourable groups, which at the time was seen as a victory, albeit one that was "insufficient and reversible."

attempting to loosen those constraints. In the health care debate Clinton found himself in a position where misjudgements left him unable to use his leadership position to his advantage. Ultimately, Clinton failed to understand that many of the 85 percent of Americans with health insurance were reluctant to make “financial sacrifices” that would have allowed the remaining 15 percent (mostly working class) to have insurance (Skocpol 1996:12; Carter 2004:117). Indeed, every misjudgement or underestimation Clinton made throughout the debate was exacerbated by the institutional constraints he faced since this was exactly the place from which Republicans and their supporters who opposed reform drew their power and strength. Without a unified opposition in Congress and the financial support of the health care industry that had become essentially institutionalised as a result of consistent reliance of both Democratic and Republican congressmen on contributions from the health care industry for re-election (Laham 1996:3), the GOP would never have had the means with which to oppose reform so effectively. The success they enjoyed in defeating the plan stemmed from their ability to manipulate what became, after their triumph in the 1994 mid-term elections, a consolidated institutional position, under the leadership of Speaker of the House Newt Gingrich and other influential Republicans, much better than the president and his administration.

For Clinton, the failure of the *Health Security Act* “backfired on the Democrats...and helped to trigger an extraordinary electoral and ideological backlash against federal social provision in general” (Skocpol 1996:18). Clinton was fighting a losing battle from the beginning because it seemed he was unaware when he did finally propose his 1,342 page bill to Congress in September 1993 that “in fact, health care’s moment had already passed” (Blumenthal and Morone 2009:371).⁸² In short, the moment in which Clinton could have taken advantage of high public support by proposing a simple and easily communicable plan that was based on Democratic unity and Republican willingness to engage in bipartisanship, which would have allowed him to overcome the historical and institutional barriers he faced, had passed. Indeed, despite Clinton’s passion and commitment, the moment for reform had in fact been extremely brief. After Clinton failed to deliver his plan according to his own 100-day timetable, the opportunity continued to narrow until it disappeared. A conclusion reinforced by Crockett (2002:184) supports that interpretation: “Clinton failed to recognize the limits of his position. Believing he was free of

⁸² Starr (2011:122) makes a similar argument when he concludes that “the effort might actually have succeeded if the debate had come to a head in the summer of 1993 instead of the summer of 1994. That moment was lost.”

historical constraints, he failed to develop a plan that was responsible and centrist. His health care reform battle was his loudest cannon shot against the Reagan era, and his most consequential defeat.” Thus, with the failure of his grandest act of active pre-emption, Clinton was consigned to follow an agenda of inaction in health care for the remainder of his time in the White House.⁸³

⁸³ A survey of the *Weekly Compilation of Presidential Documents* shows that after September 1994 until he left office (January 2001), the statements or remarks Clinton made on health care were not specifically related to reform.

Chapter 5

Applying Skowronek's Model: The Leadership Politics of Health Care Reform, 1997-2007

Section I. The Health Care Reforms of Tony Blair, 1997-2000

Blair's Pre-emptive Leadership and the Third Way in the NHS

This chapter begins with Tony Blair in 1997, using the Third Way (Blair 1998; Giddens 1998; 2000) to analyse his policy agendas and reforms. The discussion of Tony Blair's National Health Service (NHS) policy and reforms is divided into two separate sections, which corresponds chronologically to the replacement of Bill Clinton with George W. Bush. The distinction drawn between the two periods (1997-2000; 2001-2007) is based on increasing the role of the market as a driver of reform. Comparing Blair's policies after 2000 with Bush's Medicare Modernization Act of 2003 (MMA), which increased the role of the market in Medicare provision, will enable a judgment on the extent to which both leaders acted consistently with their respective leadership categorisations.

i) Tony Blair, New Labour and the NHS: Finding a Third Way in Health Care Reform (1997-2000)

New Labour and the Third Way emerged from internal discussions of the Labour Party in the run-up to the 1997 election, although the concept has a much longer history and had been used well before Tony Blair brought it into the political arena (Finlayson 1999). Defining the Third Way and establishing its meanings and its impact as the starting point of this section necessitates an acknowledgement that the Third Way is taken seriously, especially when analysing New Labour's approach to health care reform in their first three years in office. The Third Way and indeed "New" Labour itself was something original and even innovative compared to the older, more accepted ideological and political divisions between (Old) Labour and the Conservatives, and it is this that helps to classify Blair as pre-emptive both in broader policy terms and in health care reform. Whether the Third Way is inherently pragmatic or more ideological strategy does not prevent it from being evaluated as a concept that informed and shaped New Labour policy in the early years of their government.

There are many “different Third Ways” that vary both ideologically and internationally (Driver and Martell 2002:89). As such Freeden (1999:48-49) argues New Labour’s Third Way ideology combines liberal, conservative and socialist elements. Moreover, there are many different *interpretations* of the concept (White 2001:11-13) that created much debate among politicians when the approach was first discussed in Labour circles (see Powell 1999a:13). For this reason, it is necessary to differentiate between the Third Way as a public philosophy (Giddens 1998) and as a political strategy (Harris 1999) “designed to reposition the Left within the political mainstream as a viable alternative to the Right (Romano 2006a:5). In this context, the Third Way “refers to a framework of thinking and policy-making that seeks to adapt social democracy to a world which has changed fundamentally over the past two or three decades. It is a third way in the sense that it is an attempt to transcend both old-style social democracy and neoliberalism” (Giddens 1998:26).

Specifically, it is the Third Way as a political strategy that is the most important for the subsequent analysis of New Labour’s health care policy. Nevertheless, it is important to note that the Third Way also provided the values that underpinned New Labour’s policymaking: equal worth; opportunity for all; responsibility; and community (Blair 1998a). Thus, within New Labour politics, the Third Way was defined as beyond Left and Right (Ibid.). In as much as it was portrayed as something “new,” designed as a response to “new times” (Driver and Martell 2002:72), it was not post-ideological⁸⁴ but rather a “mix of values and approaches” (Ibid.:86) that were equally value-driven, ideologically-informed, and pragmatic.

The Third Way contained a large element of pragmatism (Blair 1998a; Ham 1999:169; Powell 1999a:13; Newman 2001:50-52; Driver and Martell 2002:79-82; Klein 2010:206) which essentially amounted to “keeping what works” as was explicitly evident in New Labour’s health care policy in their first three years (DoH 1997; see also Powell 1998:168). Indeed, in an interview with the author (2015), Sir Alan Langlands, former health adviser to Tony Blair, referred to the Third Way as a “political soundbite” that was “interpreted as pragmatism.” In New Labour’s own words, “if something is working effectively then it should not be discarded purely for the sake of it” (DoH 1997). Ultimately, the inclusion of pragmatism within the Third Way increased its

⁸⁴ Powell (1999a:13) notes that some scholars do view the Third Way as “a more non-ideological, pragmatic, policy-driven practice, with theory lagging behind;” see for example Le Grand (1998:26-27) and Newman (2001:51). Similarly, White (2001:3) argues “the third way remains fundamentally vague and elusive. It is not really a concept or an ideology, but a rhetorically defined space, whose primary objective is to avoid focusing on specifics and distinctions (see Lukes 2003:71-73).

effectiveness as a political strategy because it allowed New Labour to respond consistently and adapt to changing circumstances, which was especially important given the pre-emptive environment in which both the prime minister and the party had to operate. Thus, pragmatism made the Third Way less overtly ideological and more driven by combining a commitment to achieving a modernised social democracy with recognition of the need to accept the capitalist market economy in an increasingly globalised world (Blair 1998a; Blair and Schroeder 1998). Blair (1998a) summarised this thinking:

The Third Way stands for a modernised social democracy, passionate in its commitment to social justice and the goals of the centre-left, but flexible, innovative and forward-looking in the means to achieve them. It is founded on the values which have guided progressive politics for more than a century – democracy, liberty, justice, mutual obligation and internationalism. But it is a *third* way because it moves decisively beyond an Old Left preoccupied by state control, high taxation and producer interests; and a New Right treating public investment, and often the very notions of ‘society’ and collective endeavour, as evils to be undone.

Finding a Third Way in health care policy and welfare reform more broadly became one of the major goals of Tony Blair’s first term in office. In searching for a middle path between the socialism of Old Labour and the Thatcherite neoliberal agenda however, Blair embodied pre-emptive leadership from the start. The two interpretations of New Labour (Driver and Martell 2002:18-20): Thatcherite consensus (Hay 1999:42-75) and modernisation (Gould 2011) show that it is simplistic to view New Labour as either “Thatcherism Mark 2” or Old Labour modernised for contemporary circumstances. The former suggests Blair followed a more traditionally pre-emptive approach in accepting many Thatcherite policies, which became increasingly evident in health care policy after 2000. For the first three years however, the pragmatism inherent in the Third Way provided the cover for Labour to claim that they were merely focused on “keeping what works,” with the result that Blair could modify Thatcherite policies while giving himself political cover by seemingly remaining true to centre-left values. Blair (2010:212) recognised precisely this when looking back on his approach to the NHS he noted, “our mantra was “investment and reform together” – emphasising rhetorically the big difference in the approach to public services between New Labour and Old Labour (investment without reform) and New Labour and the Thatcherite Tories (reform without investment).”

This statement suggests that Tony Blair was pre-emptive in two ways, if being pre-emptive is understood simply as being opposed to the current regime, which is the basis of Skowronek’s pre-emptive categorisation. First, Blair is obviously pre-emptive in relation to the existing regime

since he represents the opposing (Labour) party. Second, Blair is also pre-emptive in relation to the brand of socialism represented by Old Labour and Neil Kinnock in the 1980s. The removal of Clause IV from the Party's constitution is particularly notable in support of Blair's move away from the ideological values of his predecessors. This example symbolises the difference between Blair's pre-emptive stances, one expected and one conscious; in general, however, it reinforces his pre-emptive status because he faces two types of opposition. This difference corresponds to the active/inactive distinction in that it is not the institutional arrangements that determine a leader's position as with Skowronek's original typology, which explains why Blair is pre-emptive relative to the conservative regime; rather, it is based on the political agency a leader has to choose particular policies at a given time. Upon entering office, Blair made an active choice to differentiate himself and his political philosophy from that of Old Labour. Consequently, the choice of the Third Way as rhetorical device, public philosophy and as political strategy serves as a manifestation of Blair's pre-emption throughout this time in office. In fact, not only does it signal his pre-emption, it illustrates his active pre-emption based on his committed approach to the concept as political strategy and his personal belief that it would bring new and positive change to British society in a number of policy areas.

Indeed, there was never any possibility that Blair would simply revert to an "Old Labour" stance and reverse the marketisation that had occurred under John Major because doing so not only would have been politically unpopular, but would have compromised his vision for the NHS based on a combination of pragmatism and modernisation. This argument is supported by a former health adviser to Blair, Paul Corrigan (2015), who told me of "triangulation within the Left," which indicated the desire of the prime minister and his supporters to move the whole party closer to New Labour. It seems reasonable therefore to believe that the majority of challenges that confronted Blair as a pre-emptive leader emanated not from Conservative policies or politicians, marked by a willingness to adopt and adapt, but rather from sections of his own party. Particularly those politicians who were unwilling to accept that the governing context had fundamentally changed such that Old Labour policies that championed nationalisation were no longer politically relevant or achievable. Indeed, Blair (2010:262) believed "there were elements of the changes they [the Conservatives] had made that we needed to examine and learn from, not dismiss." Clearly, political expectations and possibilities had shifted, and Blair had to pre-empt this changed governing

context. To do this he was not only willing to, but knew it was necessary to learn lessons from the Conservatives.

ii) New Labour's Third Way Agenda for the NHS: Modernisation through "Reform and Investment Together"⁸⁵

In 1997, after eighteen years of Conservative government, New Labour's health policy was effectively "a direct inheritance" from the Conservatives, which required "either adoption or adaption" (Paton 1999:51; see also Powell 1999b:354-356) on their part. The fact of the choice confirmed Blair's pre-emptive position in health care policy. Indeed, he had begun to accept his pre-emption even before he became prime minister in his initial formulation of his health care policy agenda. Discussing Labour's approach to the NHS in 1995, Klein (1995:75; see also Powell 1999b:355) speaks to this exact point when he argues that their policy marked "a retreat from dogmatism and an acceptance of the need for a pragmatic policy under a smokescreen of ideological rhetoric." Two years later with the Third Way agenda established and in view of its inherent pragmatism, it became both Blair's response to and his attempt to overcome his pre-emptive obstacles. Further supporting this point, Klein and Marmor (2012:13-14) note "the nebulous Third Way as espoused by Clinton and Blair in the 1990s – the latest in a long line of attempts to find a middle way – cannot be understood without taking into account their diagnosis of the mistakes made by their predecessors as party leaders." In short, the emergence of the Third Way must be viewed in its own historical-political context alongside the personal experiences and interpretations of each leader of that context. Further, this statement also suggests that despite similar categorisations, each leader interprets his pre-emption and the constraints he faces differently (Crockett 2002:19); his leadership behaviour differs accordingly.⁸⁶

Blair and Clinton's understanding of the preconceived notions and ideas not only about the policies of their predecessors, but also about how these could potentially shape and change what

⁸⁵ For a detailed discussion of modernisation as it relates to New Labour's approach to governance, the Third Way and their public service reforms see Newman (2001:46-54). For a discussion of the politics of modernisation in the NHS see Exworthy and Freeman (2009:153-179).

⁸⁶ Specifically, Crockett (2002:19) argues that the way a leader interprets his own "power situation" clearly affects the dynamics of his leadership. Moreover, he believes that while some leaders do pre-empt their coalition it is "not necessarily" the case, which leads to the conclusion that "pre-emption may be one form opposition leadership takes, but it is not the only one." In other words, it does not adequately account for the range of approaches pre-emptive leaders take relative to their political situations. This argument is particularly relevant to Blair who did not attempt to pre-empt the resilient regime in health care policy, but rather first adapted it, then willingly accepted it, and ultimately went further than his predecessors to whom he was opposed.

they hoped to achieve was equally important in terms of how they interpreted these pre-existing constraints, whether institutional or ideological. This argument demonstrates the relevance of the active/inactive distinction when Skowronek's typology is applied to an empirical context. Applied to a policy-specific context it provides further specification of leadership behaviour based on the attitude of each leader to his environment and the approach he uses to overcome the constraints he faces. Through a focus on attitude and approach making this distinction increases individual agency by recognising that leaders make choices both as a result of and in response to their environment; their choices are limited, but not pre-determined by structural constraints.

Blair faced fewer and less severe institutional constraints than Bill Clinton as a result of the structure of the parliamentary system. Moreover, given that Blair had a large majority in the House of Commons, he was unlikely to encounter serious difficulty in passing any reforms he proposed.⁸⁷ Blair's position was however, no less pre-emptive and neither was his reaction to policymaking for an NHS fundamentally changed by neoliberal reorganisation since 1979. As Ham (1999:169) states: "the Labour government was elected with a clearer view of what it was opposed to in the NHS it inherited than what it would put in its place."

With the difficulty of reconciling conflicting opinions and forming a coherent policy in mind (Paton 1999:57; Klein 2010:206), it was with reference to the NHS that Blair first used the Third Way. In 1995 he proposed, "an NHS that is locally-based and patient-led. It is a sensible third way for the future (Daily Mail, 30 June 1995, quoted in Rentoul 2001:431). Then in their 1997 election manifesto Labour pledged to "save and modernise the NHS," which they believed necessitated "working co-operatively for patients, not a commercial business driven by competition." Although New Labour's starting point may have been the traditional commitment to creating a "public health system that promotes good health and an NHS rebuilt as a people's service, free of market dogma, but also free of the old and new bureaucratic constraints serving all the people," (Blair 1995:15) on the basis of need and not the ability to pay (DoH 1997; Blair 2004:180; Powell 1999b:357); in fact the Third Way was defined by "blending the traditional left view of "health care as church" (paternalism) with the market view of "health care as garage" (consumerism)" (Powell 1998:169).⁸⁸ This blending would allow "a new drive to improve quality

⁸⁷ Following the 1997 election, the Labour Party majority was 179; in 2001 it was 166, and in 2005 it was 66.

⁸⁸ For the first iteration of these competing models see Klein (1993:36-140). For a more detailed and updated discussion see Klein (2012:89-100). Specifically, in addition to paternalism the "church" model includes planning,

and speed up treatment throughout the NHS, with demanding targets for improving public health and cutting NHS waiting lists and a performance framework ensuring rigorous monitoring of costs, quality and improvements in health” (Blair 1998a:16). Perhaps optimistically, New Labour politicians believed they could focus on health improvement and health care simultaneously.

Further reinforcing this agenda, Blair also recognised that neither “investment without reform” (the Old Labour approach) nor “reform without investment” (the Conservative approach) would solve the problems facing the contemporary NHS (Blair 2010:212). A hybrid, “reform and investment together” was necessary. The notion of hybridity dovetails with the argument of Exworthy et al. (1999:20) who believe that “the third way appears merely to be a different mix of organizational forms which, despite the rhetoric, includes elements of hierarchies and markets in addition to co-operation and collaboration.”

Modernising the NHS became the key element of New Labour’s policy agenda in their first term (Blair 1997; Paton 1999:58; Burden et al. 2000:89; Harrison 2002:466). The two concepts were inextricably linked: “the Third Way is about money for modernisation – new investment of £40bn over the next three years driving reform and higher standards” (Blair 1998a; Blair 1998b; Blair and Schroeder 1998:159; Blair 2004:180). The belief that modernisation would be achieved through “investment and reform together” provides the context in which to evaluate New Labour’s approach to health care reform and the Third Way provides the underpinning values and ideological framework through which the reforms were proposed and implemented. Paul Corrigan (2015) further supported this view when he noted “modernisation was the process through which Third Way politics was expressed.” This approach was entirely consistent with the “modernisation strategy” (Newman 2001:46; Shaw 2007:95) that was reinforced with the publication of the White Paper, *The New NHS: Modern, Dependable* (DoH 1997; see also Exworthy and Freeman 2009:157 and Paton 1999:58-67). In this document, Blair made it clear that the Third Way represented a commitment to increasing the focus on patients at the same time as improving monitoring and accountability, such that current knowledge should be the basis of health provision (Burden et al. 2000:89). Importantly, the power of NHS professionals would not prevent this modernisation (Paton 2002:129). All these ideas seem to validate Corrigan’s (2015) related belief that through modernising the health service, New Labour was in fact “modernising ourselves [*sic*].”

need, priorities, trust, universalistic and stability. In contrast, the “garage” model of consumerism also includes responsiveness, demand, choice, contract, pluralistic and adaptability.

Reiterating this commitment in later documents the Third Way remained central. First, in *Our Healthier Nation: A Contract for Health* (DoH 1998), there was a need for a “third way between the old extremes of individual victim blaming on the one hand and nanny state social engineering on the other.” Then a year later in *Saving Lives: Our Healthier Nation* (DoH, 1999), the government spoke of the need to strike “a new balance – a third way – linking individual and wider action.” New Labour was evidently concerned with measures to improve public health, not only health *care* (Burden et al. 2000:100). To achieve these goals meant moving away from outright competition; instead this new NHS was to be defined by partnership, cooperation and collaboration (DoH 1997; Le Grand 1999:36; Klein 1998:114; Powell 1999a:21; Ham 1999:167; Burden et al. 2000:90). Guided by the aim of providing the best and most effective service for patients, New Labour operated on the pragmatic belief that it could be investment and reform together.

The modernisation Blair hoped for would have to occur within pre-emptive bounds for two reasons. First, since taking office, the Labour government accepted the tight funding limits set by the previous Conservative government (Powell 1998:168; Glennerster 2001:399; Paton 2002:127; Mays et al. 2011:5; Langlands 2015). Their 1997 White Paper included many of the successful Conservative reforms (Glennerster 2001:400). The need to operate within Conservative funding limits placed Labour in a “reactive, defensive mode on the NHS” (Ibid.:358). Second, modernisation would require considerable structural reorganisation, something which Blair hoped to avoid (Paton 1999:58, 72) because as Frank Dobson told the health select committee, “the NHS is sick of being reorganized, reorganized, and reorganized” (McMurray 2007:80). Consequently, despite having a “new” agenda in their first years in office, in reality their changes were more “rhetorical than real” (Powell 1999b:360), which supports a pre-emptive rather than reconstructive categorisation. Adaptation rather than replacement of Conservative policy meant that modernisation was incremental, not radical (Paton 1999:72).

iii) Extending Thatcher’s Legacy: The Role of the Market in New Labour’s NHS Reforms, 1997-2000

Blair’s pre-emption in health care policy relative to the existing Conservative regime is most clearly illustrated in his approach to the role of the market in the NHS. Despite abolishing the internal market, not only did Blair carry on the agenda of privatisation started by Thatcher, he went much further in terms of introducing market mechanisms in the NHS (Hunter 2008:97). He was

also “more ambitious” than Thatcher in the transformation he hoped to achieve (Light 2003:28). The idea that the market had an important and necessary role to play in health care provision in part demonstrated his acceptance of neoliberal thinking. Public-private partnerships effectively became Labour’s reincarnation of the internal market (Crinson 2005:511). It was both politically and practically implausible to abandon the market entirely, especially since this strategy would have embodied the traditional Old Labour approach. Increased effectiveness of the NHS would be achieved by providing incentives to offer a better service (Blair 2006; Mays et al. 2011:10; Proper and Dixon 2011:831), as well as weakening the power of consultants (Shaw 2007:108-109). In view of this belief, “it could be argued...that Labour’s approach to public-private partnerships appears not entirely “what works matters” but...as one traditionally more associated with the Right and ideological sympathy for increasing the role of the private sector (Driver and Martell 2002:81), a claim that once again reinforces Blair’s pre-emptive leadership.

In addition, the Labour government went further than retaining the purchaser-provider split and “introduced foundation hospitals whereby hospitals that passed certain tests in respect of possessing robust business plans could become not-for-profit institutions” (Hunter 2008:16; see also DoH 2002; Crinson 2005:511).⁸⁹ In the words of the government, “Foundation Trusts will see central control from Whitehall replaced by proper accountability to the local community so that both public and staff have a direct say in how their local services are provided. They will offer a new form of social ownership by the public not by the State – not for private profit but in the public interest” (DoH 2002:6). Giving localities further autonomy and again reorganising the NHS structure along the same lines as their Conservative predecessors suggests the increasing impact of experience, political reality and the power of entrenched ideology, all of which shaped what was considered politically acceptable. Indeed, although more subtly and with different rhetoric than Clinton, Blair’s support for managed competition, as demonstrated by his decision to maintain the purchaser-provider split (Shaw 2007:97) indicates a general acceptance of the existing structure of the NHS and thus his pre-emption.

⁸⁹ Further supporting this point, Stephen Dorrell (2015), the Health Secretary between 1995-1997, expressed the view that Foundation Trusts emanated from Conservative policy while in power although not from the Conservatives themselves. Similarly, Alan Langlands noted that NHS Trusts were a Conservative policy construct of the early to late 1990s, which reinforces the argument for continuity, even if this was not explicitly acknowledged by New Labour.

iv) Evaluating Changes to the NHS, 1997-2000: Blair's Pre-emption and the Impact of the Third Way

Klein (2010:206) provides a useful summary of Labour's policies during this three-year period. He states:

In the period between 1997 and 2000, the Labour government's policies for the NHS faithfully reflected the aspirations and ambitions of the new Third Way public philosophy, if adapted to the idiosyncratic characteristics of the service. On the one hand, there was the attempt to create a new synthesis, reconciling seeming opposites. Thus fundholding was abolished but reincarnated in Primary Care Groups; the internal market was abolished but the purchaser-provider split was maintained. In both cases the new synthesis both built on and adapted the Conservative legacy, itself the product less of ideology than a process of experimentation. On the other hand, there was a great pragmatism: witness, for example, the continued reliance on the ideologically suspect Private Finance Initiative scheme to raise capital for the NHS. On the one hand, there was much invocation of Old Labour themes...on the other hand, there was continued stress on the need for the NHS to change and be more accessible to patients transformed into consumers.

Klein's statement demonstrates New Labour's reliance on the pragmatism of the Third Way to achieve policy reconciliation, adaption and change. Ham (1999:169) makes a similar claim, noting "analysts of the Third Way need to embrace the pragmatism of its practitioners if they are to shed light on the dynamics of public policy reform." In short, the impact of the Third Way as a policymaking device cannot be understood without first understanding the pragmatism intrinsic to policy reform. In view of this argument it is unsurprising that the pragmatism was the defining feature of the Third Way in health care policy such that "this explains the government's willingness to use policies initiated by the Conservatives as well as introducing its own ideas" (Ibid.:172).

In addition, Labour's approach to the market in the NHS was particularly telling in terms of the importance of pragmatism. New Labour abolished the internal market, only to replace it with public-private partnerships, suggesting their acceptance that the market had a necessary role to play in health care provision. In reality, this policy was much closer to neoliberal thinking than to the "renewed social democracy" of the Third Way. Moreover, behind the external pragmatism of the Third Way was an internal tension that illustrates the difficulty of enacting radical reform. Modernisation, the key element of the Third Way agenda necessitated strengthening the "command and control" hierarchical model that Blair hoped to move away from (Klein 2010:206). The reforms intended to augment quality and efficiency had to be implemented from the top down, as the creation of the National Institute for Clinical Excellence (NICE) to provide national standards indicates.

Nevertheless, in the first three years, carried by optimism, naivety and a mandate for change, Blair and New Labour did not perceive it necessary to have an identifiable health care policy (Paton 1999:70). Indeed, without a singular policy direction driven by experience or ideology, “keeping what works” was the philosophy; a series of combinations of old left and new right, the Third Way provided justification for what became a “pragmatic pick and mix” (Powell 1999b:366) and this was the defining feature of Blair’s NHS policy until 2000, which in turn suggests he was essentially content to operate within the bounds of his active pre-emption.

Section II. The Health Care Reforms of Tony Blair, 2000-2007

i) A Conscious Shift in Policy: Moving Away from the Third Way Agenda in the NHS

In January 2000, Blair announced major new funding for the NHS to match European levels (Blair 2010:264);⁹⁰ he pledged that levels of health care spending would reach nine percent of GDP by 2009 (Exworthy and Freeman:162).⁹¹ This statement marked the beginning of a dramatic policy shift; more money would enable targeted reform and a more effective, more responsive service. Indeed, as Sir Alan Langlands (2015) remembered, the six-year period from 2000-2006 was one of massive growth and investment. Among scholars there is also general agreement that after 2000 New Labour’s policy towards the NHS did shift (Paton 2002:127-143; Greener 2004:307-312; Shaw 2007:99; Hunter 2008:42; Klein 2010:212).⁹² The language changed (Greener 2004:308), the approach changed, the decision-making process changed, and ultimately the policy outcomes changed. Behind new rhetoric and new thinking however, “lay something more fundamental – a loss of faith in the capacity of the NHS to sustain long-term improvements in both cost-efficiency and the quality of care without drastic reform” (Shaw 2007:99). In short, the policy shift was dictated by Blair’s acknowledgement that fundamental reform necessitated structural change. His

⁹⁰ Supporting this claim, Crinson (2005) notes that Labour more than doubled spending on the NHS from £33 billion in 1996/7 to £67 billion in 2004/5.

⁹¹ This figure is supported by the Wanless Report (2002) that projected that total health care spending would reach 9.4 or 9.5% of GDP in 2007/08.

⁹² Significantly, Greener (2004) argues that there are “three moments” of New Labour’s health policy, 1997; 2000 and 2002. In the final period Labour began to actively implement market reforms into the NHS, thus Greener reinforces the policy shift argument. In fact, a move towards the market was evident from 2000, however it was only coherently articulated and implemented from 2002.

commitment to reform only became stronger as he reinforced his leadership position and continued along the road of active pre-emption.

ii) The NHS Plan 2000

Unlike previous policy documents, there was no mention of the Third Way in the NHS Plan 2000. Nor, a year later, was there any mention of the concept in their election manifesto (Labour Party 2001). Instead, Blair's aims for the Plan and his realisations during the policymaking process as his policies were increasingly shaped by experience, are particularly important and perhaps help explain why pragmatism, while successful as a rhetorical device, is not always effective as a policymaking tool. Moreover, these realisations also explain why, after 2000, Blair and the New Labour government understood it was necessary to move away from a Third Way agenda, something they had pursued so consistently in their first three years. Experience (Blair 2010:265) had revealed the difficulties in enacting structural reform, for three reasons. First, the NHS working culture had been institutionalised and could not be easily changed. Second, a series of fundamental reforms to the service had only been introduced in 1990 and further reorganisation would be both time-consuming and expensive. Finally, the existing hierarchical structure of the NHS presented Blair with a "distinctive political problem" (Exworthy and Freeman 2009:157). As path dependence, which Hunter (2008:34) argues seemed to be the "norm" by the late 1990s, suggests, "decisions taken at point A in time entrench – sometimes indeed create – interests that come to constrain decisions at point B and beyond" (Klein and Marmor 2012:13). In short, decisions made and policies implemented by previous leaders have a considerable effect, both on what is considered reasonable and what can be achieved by the current leader (see also Wilsford 1994; Greener 2002). The importance of path dependence reinforces the utility of an historical institutionalist and APD analysis of NHS reform in this period, something which augments the application of Skowronek's model since it is located within these theoretical frameworks. Of course, path dependence does not mean that no change can be achieved (Exworthy and Freeman 2009:171), but rather that policymakers should be realistic about the scope of that change.

Indeed, Thatcher's reforms had a direct impact on the scope of reforms Blair could achieve. As Paton (1999:57) notes, "the Tories had exhausted the service with such [organisational disruption] and had therefore cleverly entrenched their reforms." In addition, the Conservative reforms had changed the structure of the NHS, making it less hierarchical and more market-

oriented. This was arguably the biggest constraint the pre-emptive Blair faced. The complexity of policymaking for a public service whose practices had become firmly institutionalised over fifty years exacerbated by Blair's opposed position to the existing regime. Furthermore, the lack of financial resources, changed ideological preferences and "tension between local variations and national standards" in health care provision (Exworthy and Freeman 2009:159) all made any change extremely difficult. Although he may not have faced the constraints Skowronek would expect in passing his reforms, he was certainly limited by the existing institutional structure, which was differently organised at local, regional and national levels, as well as the culture of the NHS itself.⁹³ Significantly, these limitations demonstrate the range of constraints a pre-emptive leader can encounter, many of which do not simply emanate from the structure of the political system, which suggests a need to further develop Skowronek's model in order to increase its applicability to policy-specific contexts.

Benefitting from experience, Blair took three years to fully realise these constraints, which produced a shift in policy. Furthermore, it is also the case that pre-emptive leaders confront a more entrenched set of path-dependent obstacles given that they are already opposed to the received commitments of ideology and interest, in which they must contend with both the forces of history and a challenging contemporary political environment. Hunter (2008:142) supports this view when he notes, "by 2000 the government's focus had shifted from health to health care and issues such as waiting lists, access to beds and balancing the books consumed its attention." The "palpable belief and confidence in the ability of government to bring about real change in health, and not only health care" was gone. The naivety with which Blair and New Labour had entered office that in part explained this confidence was also gone. As previously noted, experience, not pragmatism became the most important feature in defining policy; accordingly there was as much of a shift in the policymaking process as there was in policy direction.

Despite Blair's belief that the Third Way remained relevant and still had a significant impact on public policy (2001:10-13), wider political circumstances suggested a different conclusion. In 2001 Republican George W. Bush had replaced Clinton and other centre-left parties

⁹³ To some extent the creation of The National Institute for Clinical Excellence (NICE) and the Commission for Health Improvement (CHI) in 1999 as dedicated agencies to provide guidance on clinical standards as a way of consistently improving quality and efficiency marked Blair's attempt to overcome these obstacles. The fact that the CHI was replaced by the Healthcare Commission in 2004 (which itself was replaced by the Care Quality Commission in 2009) suggests that attempts to change the culture of the NHS were not wholly successful, see Exworthy and Freeman (2009:159).

had been superseded by their right-wing counterparts in Europe (Hale et al. 2004). The Third Way, both as rhetoric and policy direction had lost its appeal.

Nevertheless, the commitment to modernisation remained and in fact became increasingly central to policy (Exworthy and Freeman 2009:157). Specifically, New Labour created a *Modernisation Agency* with the aim that “health services should work as efficiently as business systems” (Ibid.; see also Klein 2012:217),⁹⁴ thus signalling a radical departure from the language and policy proposals of their 1997 election manifesto. Consequently, although modernisation itself remained a key focus, how it was to be achieved had changed in line with the policy shift after the introduction of the NHS Plan. It was no longer to be realised through a pragmatic Third Way approach. Rather a move towards market mechanisms would ensure that modernisation and efficiency were consistent features of the NHS, and not only in structure, but in organisational culture and working practice. As such modernisation had specific initiatives attached to it, such as the development of NHS Direct and IT services (Langlands 2015), which were intended to mark the beginning of measures to increase cost-effectiveness.

iii) Blair’s Pre-emption Reinforced: A Bigger Role for the Market in Health Care after 2000⁹⁵

Blair’s approach to the role of the market in the NHS during the first three years had been marked by a general acceptance of Conservatives neoliberal principles. Whether deliberately or not, after 2000, he continued to build on Thatcher’s legacy (Hunter 2008:96-97). Blair’s (2010:282-283) recollections of the discussions surrounding the NHS Plan provide support for this argument. He clearly suggests that the market has a bigger role to play in health care provision:

I realised that to sell it [the Plan] to a doubting and nervous party we would have to sweeten the pill of reform at points...we had a number of positive factors to play with: the extra money; the extra staff; more NHS work to be secured from consultants in their starting years; more help for cancer and cardiac patients; an end to most mixed-sex wards; and increase in some types of hospital bed. In return, we were opening up all the contracts of the professionals for renegotiation; breaching new ground with the private sector; changing the way the service worked to make it far more user-friendly; and in essence, prefiguring an NHS that started to import twenty-first-century business concepts into the heart of the service...The door was edged open for the private sector...And the whole terminology – booked appointments, minimum guarantees of service, freedom to innovate – spoke of a coming culture of change, oriented to treating the NHS like a business with customers, as well as a service with patients.

⁹⁴ The authors note that at its peak in 2004, the Agency employed 760 people with a budget of £230 million.

⁹⁵ For a brief chronological overview of Labour’s market reforms to the NHS between 2002-2010 see Mays et al. (2011:6-10).

In proposing these reforms, Blair was acting entirely consistently within the bounds of pre-emption. He was ideologically opposed to both stances, he needed to appeal to Old Left and New Right, those that favoured hierarchy and those that favoured consumerism. While a large parliamentary majority and therefore a perceived mandate for change had given him the freedom to pursue an activist agenda in health care reform in the first three years, after 2000 and especially after 2002, he was less active in terms of his desire to break down the obstacles he faced in order to carve out an entirely new policy direction. Although he did continue with an active approach in his desire to enact fundamental change. This policy shift manifested itself in Blair's acceptance that some structural change would be necessary (Blair 2010:265; 283-284), thus the government's approach was now centred around choice, competition and private sector involvement (Shaw 2007:99). These words had been absent in the first three years when New Labour had been intent on abolishing the internal market (Labour Party 1997; DoH 1997).⁹⁶ In essence, it was now the case that Blair did not have actively to attempt to break down the obstacles he faced since the policy agenda he was following was consistent with that of his Conservative predecessors and in fact went further in its engagement with the private sector (Hunter 2008:97). Indeed, in pursuing these policies so intently, Blair was actively embracing his pre-emption, not rallying against it.

Furthermore, it was also during the drafting of the NHS Plan that Blair (2010:283) himself recognised the shift in his own thinking. He notes, "I date from that time, too, my clear break with thinking that had dominated even New Labour policy up to then: that the public and private sectors operated in different spheres according to different principles...[T]he truth was the whole distinction between public and private sector was bogus apart from one: a service you paid for; and one you got free." Indeed, Blair (Ibid.) interpreted the NHS "like a business," and "began to look for ways, all ways, of getting business ideas into public service practice."

Empirically, the shift in Blair's thinking and in New Labour policy was no more evident than when the government signed a "concordat" with the Independent Health Association in 2000, which allowed purchasers to opt for private and voluntary providers in order to reduce waiting times for elective surgery (Exworthy and Freeman 2009:163). Politically, the shift was no more

⁹⁶ The language New Labour chose to discuss their intention to abolish the internal market in *The New NHS* clearly demonstrates the power of words to cover practical reality. By portraying the internal market as an "obstacle to the necessary modernisation of the health service" Blair was able to appeal to all groups since modernisation was clearly linked to improved quality and efficiency. Regardless of ideology, this should be the collective aim for the NHS: a better service.

evident in the contrasting opinions of the first and second Health Secretaries of the New Labour government. Paton (1998:58) notes that it was Frank Dobson's first act as Health Secretary to "announce the abolition of the internal market." In contrast, Alan Milburn, who succeeded Dobson in late 1999, later admitted that dismantling the internal market had been a mistake (Milburn 2006, quoted in Shaw 2007:99). A shift from Old Labour to New Labour (Klein 2010:215) in the leadership of the Health Department represented a shift in policy (Greener 2004:307). This change also served to reinforce Blair's continued active pre-emption and demonstrated his willingness to disregard the policy preferences of Old Labour in favour of increasing marketisation and an adaption of Conservative policies.

iv) The Patient, the Market and Increasing Choice: New Labour's NHS Policies, 2002-2007

Following on from the NHS plan, New Labour began to implement market-like mechanisms into the NHS from 2002 (Greener 2004:309; Mays et al. 2011:1). Over the course of this five-year period, there would be a series of policy documents detailing market-based reforms (Mays et al. 2011:6-8), which went much further than those of the Thatcher and Major governments, in scope and implementation. Choice and competition became the new key words (Blair 2002:28-31),⁹⁷ part of a larger acceptance that "private production was compatible with public ends" (Klein 2010:213), which in turn had a significant impact on policymakers and the policy outcomes. In their third term this "choice agenda" would become even more pronounced (Crinson 2005:514-515; see also Stephens 2004:41) and Blair would actively embrace his constraints.⁹⁸

In terms of specifics, the NHS Plan (2000) centred on the patient and educating patients about increased choice (Mays et al. 2011:7). Thereafter, *Delivering the NHS Plan: next steps on investment, next steps on reform* (DoH 2002) and *The NHS Improvement Plan: Putting people at the heart of public services* (DoH 2004a) further specified the increased range of choices patients could expect (Ibid.; Klein 2010:218-219). Over the next three years New Labour would significantly change the structure of the NHS, and patients (not GPs as in 1997) were the consistent focal point (Ibid.). Reinforcing this focus, in their 2005 manifesto they claimed "one principle underpins our reforms – putting patients centre stage. And extending patient power and choice is

⁹⁷ For an overview of the evolution of choice in New Labour's policy documents since 1997 see Greener (2003:49-68).

⁹⁸ Stephens (2004:41) includes patient choice within the twelve strategies he discusses as defining the Labour health care agenda after 2004, which represents an "ambitious program of system reform."

crucial to achieving this.” Indeed, this statement essentially summarises New Labour’s health care agenda in this five-year period: the NHS was to be concentrated around the patient for which increasing private sector involvement in NHS services was deemed both necessary and desirable.

Following its third election victory, the government published proposed market reforms that again reiterated the patient focus, together in a single document: *Health Reform in England: Update and next steps* (DoH 2005a). The document included a “competition policy” to set an “appropriate degree of competition and challenge within a public service framework.” The most obvious insertion of the market in the NHS was the government’s introduction of an activity-driven payment system, Payment by Results (PbR) (Shaw 2007:107) in 2003.⁹⁹ Ideologically, this represented a “repackaging” of the internal market (McMurray 2007:80). Furthermore, as Crinson (2005:511) states, this policy “fundamentally changes the nature of the relationship between the NHS and the private health sector, because they are now competitors.” These actions represented a fundamental policy shift that considerably extended the Conservative reforms of the 1990s both in terms of the institutional arrangement of the NHS and the change in culture that New Labour hoped to entrench with the implementation of these reforms.

Alongside a series of market-based reforms, between the publication of *Choosing Health: Making Healthy Choice Easier* (DoH 2004b) and the end of Blair’s premiership in 2007 it is possible to identify an obvious shift in policy that can be “contrasted with the focus on social determinants underpinning earlier health policy” (Hunter 2008:143). The New Labour government became increasingly concerned with measures to improve public health, rather than purely focusing on health *care*. In aiming to improve public health after 2000 however, Blair again faced a series of institutional constraints. The devolved and fragmented structure of the NHS meant that while the Department of Health could produce further policy documents (DoH 2004; DoH 2005b) and set national targets, achieving those targets in actuality was largely beyond their control (Klein 2010:245-246).

Consequently, Blair’s pre-emption was unavoidable for two reasons. First, because he had inherited a much re-organised NHS in 1997 from a Conservative government, which had itself introduced its own strategy to improve public health (DoH 1992).¹⁰⁰ Second, because the structural changes he had enacted following the 2000 policy shift had seriously undermined the

⁹⁹ For an overview of PbR and its impact on the NHS see Farrar et al. (2011:66-77).

¹⁰⁰ For a discussion of the strategies to improve public health between 1992 and 1999 see Hunter et al. (2000).

government's ability to take a leading role in improving the nation's health. The consistent focus on modernisation of the NHS as a public service and radical reform meant that Blair created a tension that he could not overcome.

Ultimately, policy change between 2000-2007 was visibly different from what had gone before; it was unprecedented in its scope and impact, and the Labour government hoped to fundamentally change the culture of the NHS. Explaining why the policy shift occurred however is a more difficult task. It first requires an understanding of both the changing political context and Blair's reaction to that change. As Klein (Ibid.:212-213) notes the policy shift "was part of a larger transformation in the intellectual climate, a transformation that had begun in the Thatcher years." While this transformation may have changed the boundaries of what was considered acceptable policy, it did not change Blair's pre-emptive position. In other words, the ideological context remained the same: Blair remained opposed to the existing regime, but followed a path begun by Thatcher in the 1980s and reinforced by John Major in the 1990s. Policy continuation was largely inevitable after Blair realised that he could not achieve his proposed reforms without some institutional change (Blair 2010:283-284). Moreover, he actively wanted to transform the NHS, and if achieving this goal meant that he should follow and even go further than his predecessors this was something he was willing to do, using the justification of increasing choice (Blair 2002; DoH 2000, 2002; Labour Party 2005). In reality, the politics of enacting that change however, became increasingly difficult as experience showed that without an easily communicable and clearly identifiable policy it was difficult to make long-lasting and effective change, which dovetails with some of the lessons for effective leadership in health policy provided by Blumenthal and Morone (2009:409-420). This insight suggests that these lessons are applicable not only to presidents, but are equally relevant to other leaders who attempt health care reform.

v) Evaluating New Labour's Health Care Reforms, 1997-2007

The story of New Labour's health care reforms is clearly one of two distinct parts in terms of Blair's response to his pre-emptive position. Blair began wanting to avoid structural change in 1997, yet by the end of his premiership in 2007 "he could look back on a decade of change unprecedented in the history of the NHS" (Klein 2010:247). This unprecedented change came, in part because as Corrigan (2015) recalled, "Tony Blair had reconstructive ambitions for the NHS." However, given that "there was never any discussion of changing the basic principles of the NHS," Blair was unable to achieve his desired reconstruction. Instead by focusing "on changing the

relationship between those principles” (Ibid.) embodied by the “New” in New Labour, Blair was left in an entirely pre-emptive position relative to members of his own party and with regard to the embedded socio-cultural ideology in the NHS. More telling perhaps is former Conservative Health Secretary Stephen Dorrell’s view that there has not been a “significant change in the basic policy construct [in health care] since 1990.” It is clear that there was at least some continuity from Thatcher to Blair however this was indirect and essentially unacknowledged as New Labour set about creating something “new” (Corrigan 2015).

Nevertheless, neither these constraints, nor the unacknowledged policy triangulation (Langlands 2015) and adapted policies, prevented Blair from beginning a process of transformation, although this change came as a result of a combination of factors and not only Blair’s leadership (Ibid.). The pace of change consistently increased over this ten-year period, although it was especially pronounced between 2002-2005 once Blair was absolutely convinced in his belief that the way to increase efficiency and augment patient choice was to increase the role of the market in all health care provision. Moreover, he was convinced that the NHS should be run “like a business” (Blair 2010:283), a direct contrast to his approach in 1997. As such, there was an identifiable progression in his thinking based entirely on reconciling the rhetoric and reality of introducing market mechanisms in the NHS, which moved from subtle in 1997 to overt after 2002 until Blair left office. The progression began with abolishing the internal market to reintroducing it through public-private partnerships, to giving it a pivotal role with the introduction of the Private Finance Initiative (PFI) and proposed radical reform in *The NHS Plan*. Two years later this approach was reinforced with the publication of *Delivering the NHS Plan* (2002) and the introduction of Payment by Results in 2003/4 respectively; and finally offering a coherent package of market-based reforms in *Health Reform in England* (DoH 2005a). Speaking to this point, Shaw (2007:94) concludes, “it seems that a new form of governance, characterised by the enmeshing of the public and the private reflects an institutional logic embedded in the expansion of public-private partnerships. The growing entanglement between the two sectors, as exemplified mostly starkly by PFI, maybe be one of the Blair Government’s most enduring legacies.” What is important in evaluating this approach is to recognise the differences between rhetoric, action and policy direction. Indeed, even in 1997 rhetoric and reality were already diverging, especially in terms of retaining key elements of the internal market (Le Grand 1999:36).

Both rhetorically and empirically however, New Labour began in 1997 with an expressed commitment to finding a Third Way in health care. Yet only three years later their focus had shifted towards introducing market mechanisms to increase choice and competition, which became dominant after 2002 until the end of the Blair government. These shifts, both in Blair's opinions and Labour's policies illustrate the difficulty of reconciling opposites (Shaw 2007:119) when not only is the leader opposed to the received commitments of ideology and interest, he is equally opposed to those that in theory the leader should support and want to enact. As the abandonment of the Third Way agenda demonstrates, Blair discovered it was not possible to be Old Labour in theory and Tory in practice (Paton 1999:72). In addition, it was not possible to go beyond Left and Right to a non-ideological pragmatic stance.

The difference between the policies of the first three years and those that came after 2000 can essentially be explained in terms of the changed political context and Blair's changed attitude and approach to his pre-emptive leadership position. For the first three years the Third Way served as a manifestation of his pre-emption, nevertheless he pursued an activist agenda in health care policy. In this way he was willing to embrace many of the Conservative reforms and build on Thatcher's legacy. Yet at the same time he skilfully changed the language to that of pragmatism, which he believed would enable him to follow a "new" Labour agenda marked by words such as collaboration, co-operation and partnership (Klein 1998:114). Rhetorical change became Blair's attempt to overcome the constraints he faced, both within his own party from traditionalists, and from Conservatives who disagreed with his policies.

The fact that he so overtly returned to neoliberal market principles after 2000 clearly demonstrates his changed reaction to his pre-emptive status. The extent of his policy shift is so considerable in fact that it is possible to argue that he was no longer active in his desire to overcome constraints; instead he consciously chose to align New Labour policies to those of the Conservatives because he believed that was the most effective way to ensure an efficient and responsive service in which patient choice was the first priority. Significantly, while clearly following his predecessors, Blair marked out his own policy direction such that it is not possible to make the argument that he moves from a position of pre-emption to affiliation. It was never his intention, politically or rhetorically, to balance the *status quo* as an affiliated leader should aim to do. Neither can he be considered reconstructive after 2000 because although his reforms might have been transformative (Klein 2010:217), they expanded on the foundation firmly established

by the Conservatives in the 1990s. Going further than the Conservatives with respect to private sector involvement is also insufficient to label Blair reconstructive since the institutional arrangement of the NHS largely remained the same. The quasi-hierarchy and quasi-market continued to co-exist; only the balance between the two had changed in favour of the market. Ultimately, Blair never accepted the Conservative policies verbatim but adapted them, expanded them, and changed them in a way that he believed was more suited to the political, economic, and cultural context of the 21st century.

The naivety that had defined the first three years was replaced by realism about the extent of change that was possible, despite promising radical reform (DoH 2000). Indeed, structural reorganisation after the policy shift was carefully managed, although this was more because Blair actively accepted the existing structure and only enacted reforms that expanded upon rather than undermined that structure. He was in no way inactively pre-emptive after 2000. When compared to both George H.W. Bush and George W. Bush, it is clear that he remained actively pre-emptive in health care reform throughout his premiership. Instead, the change was one of degrees. He began with strong rhetoric that opposed the Conservative reforms; he abolished the internal market and changed the focus to cooperation at the same time as pragmatically “keeping what works” (DoH 1997). The policy shift initially represented in the NHS Plan (DoH 2000) altered his focus to an active support of market mechanisms in the NHS to the extent that his pre-emption posed fewer obstacles that Skowronek would expect since he accepted the existing governing arrangements and was also less overtly opposed to the received commitments of ideology and interest than he had been in 1997. He continued to pursue a new policy direction, only after 2000 it was entirely consistent with neoliberal principles traditionally associated with the Conservatives. The Third Way had been abandoned both as a political and rhetorical tool¹⁰¹ and Old Labour principles had been rejected as politically and empirically impractical. This change caused a “severe shift” (Corrigan 2015) in policy direction and opened the way to repudiate Old Labour thinking that the private sector involvement in the NHS public framework was fundamentally incompatible and would somehow “contaminate” the NHS (Klein 2010:218).¹⁰² In removing Dobson, Blair was

¹⁰¹ Freeden (1999:50) supports this point arguing that the “shelf-life” of the Third Way was limited due to its “empirical inaccuracy.”

¹⁰² Significantly, New Labour retained large elements of the command and control system (Klein 2010:222). This choice was not dictated by any pre-existing commitment to Old Labour values, rather it was a pragmatic decision since it was the only way Blair could achieve the radical reform he proposed.

essentially using his *de facto* power to claim authority to repudiate the old, out-dated ideas and principles of Old Labour and to replace them with his vision of a modernised social democracy, which in turn was also an action that was the first step to securing his legacy.

Ultimately, the changes that Blair made in his health care policy demonstrate that although an individual's leadership behaviour can change over time, their actions still remain within the expected boundaries. Unlike Clinton who attempted to break down the institutional and political constraints he faced, and then became largely inactive after his health care reform effort failed in 1994; Blair remained constantly active in his response to his pre-emption throughout his time in office. It was his attitude rather than behaviour that changed. This change allowed Blair to achieve fundamental reform within pre-emptive limits. If Blair had chosen to limit and even reject private sector involvement in the NHS, his reforms would have been politically impossible regardless of the considerable parliamentary majority he enjoyed. His success came not only because he maximised his agency as prime minister to set the agenda and to provide a series of tangible outcomes, but because he was less concerned with driving change itself, but by "creating new forms of relationships" that would produce change (Corrigan 2015). Creating new relationships, rather than aiming for a revolutionized health care system locates him firmly within the bounds of pre-emption. More than that, the fact that his actions and policies were insufficient to satisfy the leadership criteria for either reconstruction or affiliation provides support for Skowronek's (1993:444) argument that contemporary leaders and leadership politics is moving towards a state of "perpetual preemption."

Section III. The Health Care Reforms of George W. Bush

Introduction

On December 8th 2003, President George W. Bush signed H.R. 1, the Medicare Prescription Drug, Improvement and Modernization Act (MMA) into law, signalling the "largest expansion to Medicare since its enactment in 1965" (Iglehart 2004:826). Indeed, "one would not identify the creation of an expensive new Medicare entitlement with a politics of conservative articulation" (Jaenicke and Waddan 2006:217; Skowronek 1993:41-43), which makes it necessary to contextualise the MMA with an understanding of why the issue initially became important. The prescription drug benefit for seniors was perhaps the most politically significant element of the law and the one that gained the most public attention. Many seniors were incurring considerable

out of pocket expenses, which the current law did not cover, thus there was public demand for change (Iglehart 2004). Moreover, given that this issue was not traditionally within the Republican domain since this would expand the role of the federal government in health care provision, the Democrats were taking advantage of Republican inaction.

Therefore, while at first glance it seems Bush might have acted contrary to his expected leadership behaviour in even choosing to address this issue, the conservative policy layering within the details of the MMA, both in policy process and outcome suggest otherwise (Hacker 2004c; Jaenicke and Waddan 2006:227-230; Béland 2007).¹⁰³ These conservative components within the MMA show that while ostensibly Bush was acting contrary to his expected leadership type, in actuality he had successfully reconciled the most obvious tension of an affiliated leader: being faithful to the legacy of his Republican predecessors whilst differentiating himself sufficiently that he was able to follow a separate agenda. In short, on the surface Bush's behaviour was unexpected, but in the details, in the politics and ideology driving reform, in Bush's pragmatic attitude and approach and in enactment it is precisely what we should expect from a leader of articulation. A discussion of the politics behind the reform will illustrate why this is the case, and why Bush fits securely within the realm of articulation such that his presidency "should be understood in the context of Ronald Reagan's legacy" (Béland and Waddan 2007:769).

The politics behind the reform showed not only that health care reform had continued, since the failure of Clinton's health care initiative in 1994, to be a politically important and yet sensitive issue. It also signalled the next battle in what Starr (2011:158) calls "the long-running ideological war over health care." Andres (2005:765) supports this point when he argues that the debate over the passage of this bill was "one of the most hotly contested partisan battles in the 108th Congress." Whether President Bush and his Republican colleagues anticipated such a partisan battle is debatable, however their proposed reform emanated from a belief that the system was failing and needed to be fixed. Bush (2010:281) believed that, "Medicare was not just outdated, it was going broke." It is somewhat paradoxical that a Republican president should choose to reform Medicare, and as such Bush was aware that it would be a "tough political issue." Yet as Starr (2011:149)

¹⁰³ Hacker (2004c:248) suggests policy layering occurs when "existing policies resist conversion but the political-institutional context permits the creation of new policies, the dominant pattern of change is likely to be what Eric Schickler (2001:13) terms "layering," in which proponents of change work around institutions that have fostered vested interests and long-term expectations "by adding new institutions rather than dismantling the old." By allowing seniors to remain within traditional Medicare, while increasing the role of market competition, the MMA demonstrates considerable policy layering.

argues, there were “three distinct parts” to the MMA and “each part reflected distinctive political and ideological concerns.”¹⁰⁴ In proposing this reform Bush could portray himself as being true to the Republican support for further cost containment measures in health care. At the same time, he was able to increase the role of private companies and the market in its provision, in addition to making a “compassionate” appeal to a politically significant group looking ahead to the 2004 election.

Ironically however, as Starr also notes (*Ibid.*), Bush effectively proposed the most far-reaching reform to the US health care system since 1995, “without paying for it.” In reality, despite positive numbers released by the administration, the costs proved difficult to contain.¹⁰⁵ That seriously undermined the most important ideological justification of the president and his administration. What the Republicans did achieve successfully however, was to take Medicare as an issue away from the Democrats (*Ibid.*:150), indicating that their reasons for proposing reform were not merely ideological, but highly partisan. Thus, an evaluation of the leadership politics of the MMA clearly shows that ideas had a significant impact on the reform process (Béland and Waddan 2007), something which is especially important in view of Bush’s categorisation as a president following the “politics of articulation.” Moreover, to fully evaluate how the reform process demonstrates the behaviour of an affiliated leader it is first necessary to understand why Bush initially chose Medicare reform and why modernization was so central.

i) Why Medicare? Politics or Passion?

The passage of the MMA is significant for many reasons, by perhaps most importantly because it demonstrates that Bush had the inclination to pursue active affiliation in health care reform. While he was largely inactive in health care reform throughout his two terms in office, his time consumed by 9/11 and war in Iraq, the story of the MMA is entirely different. Although Bush consistently followed a path of affiliation from his initial reform proposals to final enactment, the MMA afforded him the opportunity to challenge the boundaries of articulation. Indeed, as Blumenthal and Morone (2009:396) note, “Bush liked being the game-changer, the risk-taker, the leader who disrupted establishing thinking and challenging political assumptions.” At the same time however,

¹⁰⁴ These three parts were: prescription-drug coverage, new provisions for private insurance options in Medicare, and tax incentives for health savings accounts (HSAs).

¹⁰⁵ Hurley and Morgan (2004:462) note that the drug law “will be utterly ineffective in controlling drug costs.” Similarly, White (2009:38) argues that prior to introducing their reform proposals, the Bush administration “did not seem to be too interested in Medicare cost control anyway.” See also Oberlander (2003).

the MMA forced Bush to realise that he could not escape those limits and the difference between the legislation that ultimately passed Congress and some of the initial proposals of the Bush administration serve to support this point (Waddan 2009:170; Béland and Waddan 2010:226). In an earlier article, the authors (2008:113) agree that the MMA “reveals much about both the opportunities and limits to conservative ambition to change the nature of major federal programmes.”

Bush chose Medicare reform for political, ideological and electoral reasons (Iglehart 2004:826; Oberlander 2007:190; Jaenicke and Waddan 2006:218, 225-227; Béland and Waddan 2008:113; Blumenthal and Morone 2009:386). He was not as passionate about reform as Clinton had been. Consistent with his conservative beliefs, it was never his intention to enact national health care insurance; this policy was anathema to him, to his party and to his supporters. Rather, he saw a political opportunity that could be exploited (Jaenicke and Waddan 2006:225); and after the Republicans regained control of the Senate (51-49) in the 2002 midterms, he duly exploited it.

Five factors provide the context for Bush’s politically motivated choice. First, the right was resurgent, especially in health care since they had triumphed when Clinton’s plan was defeated in 1994. Second, favourable economic circumstances made Medicare reform a significant issue in the election campaign (Oberlander 2003a:1129). Federal surpluses (White 2009:38; Oliver and Lee 2009:72) combined with an increasingly solvent Medicare trust fund made reform at least fiscally, if not politically possible. Third, Bush expressed a desire to increase the role of the market in health care. Fourth, the changing health care environment and the need for cost containment had brought health care back onto the national agenda, as had the historical lack of a prescription drug benefit within Medicare (Bush 2010:281). Finally, an “unexpected window of opportunity” for passing legislation presented itself after the 2002 midterm elections (Oliver and Lee 2009:70), when Republicans achieved unified government (Oliver et al. 2004:309). Thus, Bush in particular was eager to gain an advantage over the Democrats by taking away an issue that had until that point been perceived as firmly within their domain (Oberlander 2007:190; Waddan 2009:169). He was equally keen to show that he had learnt lessons from his predecessor’s mistakes (Blumenthal and Morone 2009:401). The Republicans understood the importance of being prepared in order not to cede political capital to the Democrats, who were already ahead after Gore had adopted a proposal based in part on Clinton’s initiative announced in his State of the Union Address (Clinton 1999; Béland and Waddan 2010:226). Although initially “Bush suffered politically because he

lacked a prescription drug proposal” (Oberlander 2003a:1131), by the time of the election debates Bush had caught up. He realised it was up to Republicans to convince voters that they took Medicare reform seriously. Further, Bush needed to show that they were equally concerned as the Democrats with the needs of seniors and were equally capable, despite some hostility from fiscally-minded conservatives, of enacting the necessary reform. In the first debate (Bush 2000) he stated:

I've got a plan on Medicare, for example, that's a two-stage plan that says we'll have immediate help for seniors and what I call immediate Helping Hand, a \$48 billion program...I want all seniors to have prescription drugs in Medicare. We need to reform Medicare...And so seniors will have not only a Medicare plan where the poor seniors will have prescription drugs paid for, but there will be a variety of options.

Following the announcement of this proposal, after Bush's election until the final passage of the MMA, it is possible to see a progression of increased commitment to reform and a desire to enact modernization. Whether this increased commitment translates into passion is debateable. By early 2003 however, Bush did demonstrate a willingness to compromise in order to achieve that goal (Bush 2010:283), largely because the pressure to enact reform had increased since Republican control of Congress and the White House had removed the obstacle of divided government (Jaenicke and Waddan 2006:227).

In July 2001 Bush released a series of objectives that would form the basis for the related document “Framework to Modernize and Improve Medicare” (White House 2003), which reaffirmed his State of the Union pledge (2003a:110) to dedicate \$400 billion to strengthening and reforming Medicare. In this press release Bush talked of a “moral obligation to fulfill Medicare's promise of health security for America's seniors.” The key word was undoubtedly choice, “including the choice to stay in traditional Medicare” (see also Oberlander 2003a:1134). This statement marked the beginning of Bush's compromise and his return to the *status quo*. He was affirming traditional conservative ideology through implementing increased choice and competition, although clearly there was a balance that needed to be achieved between the public and the private sectors relative to the degree of reform that could be introduced into a federally-funded programme. Significantly, Bush also needed to appeal to key interest groups such as the American Association of Retired Persons

(AARP) and Pharmaceutical and Research Manufacturers of America (PhRMA) to ensure its success.¹⁰⁶

His commitment to reform and modernisation did not, however diminish. Rather, it provided the justification for reform that was on the surface intended to provide seniors with increased choice and a considerable financial benefit. To some extent, this goal was achieved. Jost (2005:441) maintains that “the MMA modernizes the Medicare benefits package – particularly by adding coverage for outpatient drugs and additional preventative services.” This element of the MMA represents recognition on the part of policymakers about how modern medicine is delivered in the context of the changing medical needs of seniors. Moreover, the MMA did increase choice for seniors; however, this choice came from the private sector and not the federal government, something entirely consistent with conservative principles. Ultimately, the rhetoric of modernisation and improvement was politically pragmatic such that it “has become a code word that masks ideological hostility to the social insurance structure with which Social Security and Medicare began” (Marmor and Mashaw 2006:132; see also Marmor 2012:48-49). Indeed, “modernising” in a conservative direction, Jost (2005:449) concludes that the “primary lasting effect was not to modernise the Medicare program, but rather to doom it.”

Nevertheless, the success of the MMA was a political victory for Bush and his administration as well as for conservative ideology (Starr 2004). This victory validates his choice to pursue Medicare reform, regardless of how difficult it had been to persuade Congressional Republicans to support the bill, something that has been widely documented (Broder 2003; Oberlander 2003a:1136; Iglehart 2004:828; Waddan 2009:167-168; Oliver and Lee 2009:77-79; Bush 2010:286).

ii) The Role of the Market: Increasing Choice and Competition through Privatization

Medicare reform gave Republicans the opportunity to achieve a political and social goal: to increase the role of the private sector in health care provision (Iglehart 2004:830). In this desire,

¹⁰⁶Reinforcing this point, Oliver et al. (2004:319) state that the probability of passage of the MMA “increased dramatically, when, on November 17, 2003, the AARP appeared to go against the tide of public opinion and announced its support.” Bush (2010:284) agrees when he writes, their support “went a long way with wavering members of Congress.” Similarly, Oliver and Lee (2009:70-71) maintain that the support of PhRMA was also crucial for the MMA.

Bush was acting consistently with conservative ideology. Indeed, increasing the role of the market was always likely to be a driver of any reform proposals to the health care system by a Republican president. This argument is supported by Bush (2010:282) himself, who notes in his memoirs, “what the system lacked was market forces. There was no sense of consumerism or the ability to shop around for the best deal, no competition for customers’ business, and no transparency about quality and price.” Indeed, it was Bush’s intention to “inject market forces into the system,” something he ultimately achieved by encouraging more seniors to sign up to private insurance (Starr 2011:150) but simultaneously increasing choice (Blumenthal and Morone 2009:400).¹⁰⁷ The increased role for the market however, Bush (2010:282, 286) knew, would “upset the left.” Thus, he ultimately settled for a “strategic compromise” (Marmor and Hacker 2004:478), which he perceived as “a trade-off,” and which in turn satisfied neither side and in fact exacerbated the cost problem (Hoffman 2012:206). Nevertheless, enacting market-driven health care was a significant driving force for Bush. Like Blair, competition and choice became the new key words, words that had never previously associated with the traditional fee-for-service Medicare.

Despite the statements of the Bush administration, the real winners from this legislation were private insurers and drug companies (Hurley and Morgan 2004:462; see also Oberlander 2003b:303). Consequently, it is reasonable to argue that Bush achieved his political and ideological goal. He could also claim Republicans understood the needs of seniors, many of whom were on low and fixed incomes. He was able successfully to portray himself as a “compassionate conservative” (Béland and Waddan 2007:773-776) when in fact he had not really deviated from mainstream conservative ideology. He had essentially maintained the *status quo* in respect to his received commitments, and so had acted entirely within the boundaries of articulation.

iii) The Impact of Ideas and Ideology on the MMA

Ideas and ideology undoubtedly played an important part in the MMA, both in its formulation and eventual passage. The MMA gave Bush the opportunity to portray himself as a “compassionate conservative” (Bush 2002; 2003b; Béland and Waddan 2008:111; Ibid. 2010:226). In doing so he was able to demonstrate his willingness to challenge his affiliated status, which necessarily leads

¹⁰⁷ Iglehart (2004:829; see also Jost 2005:442) notes that where choice did not exist, the government would be required to provide coverage directly, thus giving them a choice.

to the question, how does Bush's "compassionate conservatism" fit with balancing the received commitments of ideology and interest of a leader of articulation?

Bush used the compassionate label largely as a rhetorical device intended to augment support for the MMA, which expanded on its use as an effective mechanism to gain support and augment popularity in the early years of his administration (Bush 2002). There is little indication that he considered compassionate conservatism to be radical. Nor did he seem to associate it with big government conservatism.¹⁰⁸ While there may have been some desire to distance himself from his Republican predecessors and to respond to the changing health care context of the 21st century, Bush actually remained true to his traditional conservative principles, only distinguishing himself from his father through his willingness to tackle the issue. As Woodward (2002:225) suggests, compassionate conservatism as used by Bush provided a cover for traditional conservative action, and was used by Republicans as a "screen for the privatization of the state," an interpretation into which the MMA also fits. While it seemed on the surface to be a clear example of compassion, in reality it was, or least became after enactment, a continuation and further entrenchment of the conservative principles that had initially driven reform: market incentives, privatisation, choice and competition. Supporting this argument, the MMA's underlying philosophy was in fact much closer to "the ownership society which is based on the old liberal assumption that private ownership is a more genuine *and* economically efficient source of social protection than offered by traditional government-run social programmes" (Béland and Waddan (2007:772). Thus, in policy substance the MMA was clearly not within the realm of compassionate conservatism, although this dual approach shaped his first term policies (Ibid.). Significantly, the authors (Ibid.:777) also argue that "the language of the ownership society is an attempt to further the ideological project that began rather unsuccessfully under the Reagan presidency." This claim suggests that Bush was expanding on his Republican predecessor's legacy, something which is entirely expected behaviour for an affiliated leader.

There was also no need for ideological balance since unified government meant that Bush did not have to rely on Democratic support to pass the bill. Bush was content to use rhetoric and

¹⁰⁸ In his April 2002 speech on compassionate conservatism, Bush seemed to validate this point: "Government cannot solve every problem, but it can encourage people and communities to help themselves and to help one another. Often the truest kind of compassion is to help citizens build lives of their own. I call my philosophy and approach "compassionate conservatism." It is compassionate to actively help our fellow citizens in need. It is conservative to insist on responsibility and on results. And with this hopeful approach, we can make a real difference in people's lives."

the cover of modernisation to convince seniors that reform was both necessary and beneficial (Ibid.:771). What he was more concerned with was persuading sceptical, fiscally conservative Republicans who wanted to completely privatise Medicare, that the bill was consistent with their ideological principles. In these actions Bush clearly accepted the received commitments. Furthermore, in letting congressional Republicans take the leading role in drafting the legislation he effectively endorsed the introduction of conservative market reforms into the traditional Medicare framework.¹⁰⁹ It is reasonable to argue that Bush was lessening his institutional constraints by allowing Congress to the lead, since the separated American political system dictates Senate and House agreement on a single text of a bill before it can be signed by the president. Including members of Congress increased the probability of agreement on the final bill. Despite allowing two Democratic Senators (Max Baucus, D-MT; John Breaux, D-LA) to participate in the policymaking discussions because they were viewed as sympathetic to reform (Bush 2010:283; Skocpol 2004); as Iglehart (2004:828) points out, “even with Republicans controlling the panel, reaching compromise proved elusive because of the widely different views held by its members.” There was a clash of ideas and ideologies, as well as personalities (Oliver et al. 2004:313). Bush had already compromised by allowing seniors the choice to stay in traditional Medicare (White House 2003). Further compromise was necessary however, and it came from Speaker of the House, Dennis Hastert (R-Ill) and Senate Majority Leader Bill Frist (R-TN).¹¹⁰

The specific details of the compromise are less important than the point that the compromise came not between the respective parties, but from *within* the Republican Party itself, which represents a classic challenge faced by an orthodox-innovator: the need to reconcile competing factions, those supportive of change and those more protective of the *status quo*. This problem also illustrates the difficulty of operating within the boundaries of the received commitments when in a separated system of government each individual has a potentially different but no less important ideological position over which the president has little control. As Bush discovered however, the government does not need to be divided to force a stalemate or prevent legislative success. For leaders in this group, the challenge is one of balance, to respect pre-existing

¹⁰⁹ For a discussion of legislative process within Congress and the problems they faced prior to the passage of the bill, see Oliver et al. (2004:306-316).

¹¹⁰ For details of the compromise see Iglehart (2004:828).

arrangements, while also pursuing a distinct policy agenda designed to yield the necessary political authority with which to shape their political legacy.

iv) Bush's Active Affiliation and the Leadership Politics of Medicare Reform

Passage of the MMA demonstrates the power (and authority) that a president can exercise when he becomes personally and politically invested in an issue (Iglehart 2004:830).¹¹¹ Equally, as Blumenthal and Morone (2009:405) describe, Bush “confirms and elaborates many of the lessons about presidential leadership and the management of health policy: personal commitment, a variation on the rule of speed, flexibility...handling economists (on this point see Jaenicke and Waddan 2006:240; Oliver and Lee 2009:81), the possibilities and limits of bipartisanship.” All of these lessons were learned within the context of articulation, which shaped Bush's decisions as much as he attempted to shape this environment through his pragmatic attitude and approach, all of which helps explain why the bill passed (Oberlander 2007:192). He reconciled the traditional tensions experienced by an affiliated leader using rhetoric and compromise, as well as an acceptance that his control over the policy outcome was limited, and that Congress should have the leading role (Blumenthal and Morone 2009:404; Oliver and Lee 2009:70).

The legislation was a political triumph for Bush and those with a conservative vision of Medicare, so much so that it was a “political reversal from 1965 and the main principles historically associated with the program” (Oberlander 2003a:1133; see also Oliver and Lee 2009:86). Bush's attempt to increase privatisation in Medicare by encouraging competition was successful, since in order to receive full drug prescription coverage seniors were required to leave Medicare and register for a private insurance plan (Starr 2011:147-148). If they did not enrol in private plans, the reality of the drug benefit for seniors was “convoluted and rather meager – covering only a limited share of seniors' expected overall drug spending” (Marmor and Hacker 2004:486). Nevertheless, the evident flaws of the MMA (Oberlander 2007:188-192) were glossed over; the politics of the law had triumphed over the practicalities. Republicans could claim a significant political victory over the Democrats. That the legislation was not scheduled to come into full effect until 2006 (Oberlander 2003a:1136; Starr 2004; Oliver et al. 2004:316) meant that

¹¹¹ Oliver and Lee (2009:70) support this point, describing Bush's involvement in the MMA as the “most extensive” by a president since Johnson passed Medicare in 1965.

these lawmakers could leave the challenges of implementation and much higher than projected costs (Iglehart 2004:832; Jaenicke and Waddan 2006:221) to someone else.¹¹²

Focusing solely on the drug benefit element of the legislation however, tells only part of the story. Clearly, “the expensive new drug benefit entitlement was a most unconservative expansion of “big government”; but the law also furthered distinctly conservative ideas about using tax and market incentives in the health care arena” (Béland and Waddan 2008:114). In fact, the drug benefit may not be as “unconservative” as it first appears, since it prohibits Medicare from using its massive buying power to demand price reductions (Marmor and Hacker 2004:479; Jost 2005:446; Waddan 2009:170-171). Thus, contrary to the argument of Béland and Waddan (2007:775), it is not especially difficult to reconcile the expansion of the welfare state as manifested in MMA with the conservative inclination to reduce the size of government. Admittedly, the government assumed the costs of providing the benefit, but in fact it was the drug companies and private insurers that gained the real financial benefit (Hurley and Morgan 2004:462). Bush himself reconciled these seeming opposites within the boundaries of articulation using electoral, political and pragmatic justification, since the law represented a thinly-veiled ideological resentment towards Medicare (Marmor and Hacker 2004:479).

Moreover, although Bush’s initial proposals were rejected by Congress in favour of including those who wished to remain within the traditional Medicare programme, it is clear that conservative market principles underpinned the reform from the beginning; without these Bush could not appeal to congressional Republicans whose support he needed to pass the legislation. The partisan politics throughout the debate were obvious, while votes on the final legislation were 54-44 and 220-215 in the Senate and House respectively (Oberlander 2007:191).¹¹³

Bush was able to overcome many of the institutional constraints to Medicare reform precisely because he compromised in expanding the programme, “hence reducing the possibility of complaints from voters and beneficiaries feeling aggrieved and key interest groups were pacified by the terms of the Bill” (Béland and Waddan 2010:227). Consequently, the MMA should

¹¹² Initially Bush (2003a) pledged \$400 billion to fund the prescription drug benefit, however, by 2005 this had already increased to a projected \$530 billion over a 10-year period, more than previous Congressional Budget Office (CBO) estimates, see Iglehart (2004:832). The following year, the cost of the bill had risen to \$724 billion (Waddan 2009:170). In contrast, Bush (2010:287) notes, “By 2008, the initial estimate of \$634 billion had dropped below \$400 billion. The Medicare prescription drug benefit became one of the few government programs ever to come in well under budget.”

¹¹³ Oberlander notes that the vote was largely along party lines; 89 percent of House and 83 percent of Senate Republicans voted for the act; 92 percent of House and 76 percent of Senate Democrats voted against it.

be viewed as an exception to the general trend of reducing the scope of federal social programmes throughout the Bush administration (Ibid. 2007:769). Although it is an exception that in fact supports the goal of reduction in its underlying philosophy. Bush (2010:287) supports this view: “And we had moved America’s health care system in the right direction: away from government control and toward the choices and competition of a private market system, which is the best way to control costs in the long run.” Not only is there no trace of compassionate conservatism in this statement, it seems that Bush’s intention throughout was to decrease the role of the federal government and increase that of the private sector, despite committing \$400 billion to fund the benefit.

Moreover, regardless of his ultimate compromise, in his attitude and approach, Bush clearly pursued active articulation from start to finish. While this may represent something of an anomaly during his administration as a whole, it suggests that leaders’ interpretations of the constraints they face differ depending on specific circumstances and between policy areas (Béland and Waddan 2010:229, see also Pierson 1994). Thus, not only does this reinforce the importance of applying Skowronek’s theory to empirical contexts, it also provides support for the need to further specify expected leadership behaviour through the active/inactive distinction, since leaders can choose to be active in one area and inactive in another. Moreover, as Bush also positively shows (while in contrast Clinton provides a negative example), it is not necessary or even desirable to tackle an entire policy area, or even to propose radical reform; rather incremental reform within existing structures and limits can be as politically successful, and perhaps even more so, than fundamental change.

Chapter 6

Evaluation

Introduction: Evaluating the Applicability of Skowronek's Theory to the British Political Leadership Context

Before it is possible to make an overall judgment on whether the application of Skowronek's model has been successful, it is necessary to evaluate the findings of the previous two chapters by answering the questions that constitute the test of the model and drawing comparisons between each set of leaders. The test aimed to assess how much Skowronek's normative institutional constraint model explained the empirical intention, process and outcome of individual reform attempts. The questions were also designed to test the proposed extension to the model: the active/inactive distinction and to determine the value of this extension in terms of increasing the applicability of the model to a policy-specific context.

Through answering these questions examining similarities and differences between leaders will help to establish the extent to which each leader conforms to their given type in view of the general applicability of the model. Making these comparisons should also enable a deeper understanding of the relationship between leadership, policy agendas and political outcomes in the context of the differences between theoretical hypotheses and empirical realities. Finally, the extension of the model will enable a judgment to be made on whether Skowronek's theory adequately considers the agency a leader possesses to overcome the constraints he faces. An overall judgment on the applicability of the theory and the utility of a comparative approach will be made in the conclusion.

Answering the Questions

- 1. How are the patterns that Skowronek identifies observable/how do these patterns manifest themselves?***

The patterns manifest themselves in the observable behaviour of each leader (i.e. how he chooses to exercise his power) such that it can be measured against the expectations Skowronek provides and where each leader represents a particular stage of the regime cycle. In an empirical context, these patterns of expected behaviour are manifested in the extent to which the stated objectives

and policy agenda of a given president reflect the constraints he faces and the formulation of the agenda he will pursue within the boundaries of his place in political time. Thus, once the constraints (institutional, ideational, interest-based) can be broadly determined, it is then possible to observe the respective patterns of leadership relative to them.

The policy agendas of both George H.W. Bush and John Major reflected the constraints they encountered as orthodox-innovators. Both were content to operate within the boundaries and continue the agenda of their predecessors. While their patterns of behaviour were quite similar however, the observable differences in the outcomes of their policy reforms can be explained by their different attitudes and the systemic differences in health care provision. Thus, while the patterns may manifest in ways that Skowronek expects, it is not always the case that the expected policy outcome follows this behaviour, which decreases the applicability of the model. This conclusion suggests that external factors are more important than Skowronek appreciates and moreover that agent-driven factors such as personality and preferences also have a greater impact on political outcomes.

Considering Clinton and Blair together, the observable patterns of their pre-emptive behaviour were based on the similarities in their ideological agenda, most clearly manifested in their adherence to the Third Way. Espousing the principles of the Third Way provided Clinton and Blair with the hope that they could pre-empt the agenda of their predecessors and the resilient regime. This philosophy was created in response to the conservative dominance in both countries. Importantly it contained an implicit acceptance that the received commitments had changed to the extent it was no longer possible to resurrect the older order. Indeed, the fact that the Third Way as philosophy and political ideology began to wane after 2000 only reinforces the pattern of pre-emption in Clinton and Blair's inability to successfully challenge a resilient regime.

At first glance the health care policy agenda of George W. Bush seems to contradict the expected manifestation of affiliated behaviour. A detailed analysis of the reform process however revealed the conservative foundations of the proposals and the political impact such that it is reasonable to argue that his behaviour conformed to the expected pattern within a resilient conservative regime. Nevertheless, Bush's decision to pursue Medicare reform demonstrates that the recurrent patterns Skowronek identifies are inherently more complex and fluid when observed in empirically contextualised behaviour where there are tangible outcomes.

2. Is it possible to fit the chosen cases (leaders) into Skowronek's typology?

Regarding the chosen American presidents, the fact that Skowronek (2011) has successfully categorised each of these relatively recent leaders suggests that it is also possible to fit the chosen US cases into the typology. To strengthen the point, briefly taking each leader in turn and addressing each of the areas from which constraints emanate (institutions, ideology, interests) within the model it becomes clearer how each president fits within the typology.

First, George H.W. Bush confronted the characteristic challenges of articulation. The institutional environment was defined by a resilient regime; ideologically Bush shared his predecessor's belief in limited government and he was committed to continuing and indeed completing "the mission we started in 1980" (Bush 1988). Not only did he understand himself to be an orthodox-innovator, his behaviour clearly demonstrated the politics of articulation and his attitude and approach to health care reform also showed this to be the case empirically. Moreover, the outcome of his attempt at health care reform reinforced the challenges of his leadership situation and his inability to achieve incremental change within the boundaries of his place in political time. Thus, in his attitude, approach, political values, ideological agenda and behavioural response to his institutional environment, Bush clearly fits within Skowronek's typology as an orthodox-innovator.

It is also reasonable to argue that Clinton confronted the characteristic challenges of his leadership situation, pre-emption. He began with reconstructive ambitions in health care and in committing himself to achieving this goal within 100 days made a conscious decision to challenge the boundaries of his pre-emption. In his attitude, approach, political values, ideological agenda and response to his institutional environment, Clinton clearly conformed to expectations. His decision-making, the reform process itself and the ultimate outcome all reinforce the challenges of pre-emption. Indeed, had he succeeded in securing comprehensive health care coverage it may be possible to argue that he was reconstructive in health care. The fact that he failed only serves to confirm his status as a pre-emptive leader and demonstrate that he fits well into Skowronek's typology.

Finally, although George W. Bush does fit within Skowronek's typology as an affiliated leader, he is the most difficult of the three presidents to place neatly into the typology. Evaluating the findings of the case study, it is difficult to reconcile Bush's initial decision to undertake Medicare reform with that of an affiliated conservative leader primarily because this action

contradicts expectations. Nevertheless, it is still entirely possible to fit Bush into the typology for two reasons. First, it is important to remember that this single element within health care reform does not reflect his overall approach to this policy area nor does it reflect other policy areas, where he does conform to expectations. Second, despite perceived fragmentation of the regime following the economic crisis in 2008, Bush successfully avoided entering disjunction, remaining affiliated through his administration.

Moving to the British leaders, placing John Major and Tony Blair in political time will make it possible to evaluate their health care reform efforts against that expected behaviour, at the same time as comparing their leadership to their American counterparts.

John Major as an Affiliated Prime Minister

Given that leaders of articulation are necessarily mandated to continue the work of their predecessors and thus the change from one to the other does not entail regime transformation, it makes the systemic differences between the British parliamentary system and the American separated system less significant. In fact, it is entirely possible for an affiliated prime minister to operate within the regime cycle in the British political context. Since Major assumed office following a leadership contest in November 1990,¹¹⁴ without first being elected suggests that “he had no popular mandate or clear basis for personal authority.” Moreover, “he could not be sure what expectations were attached to his leadership, or what opportunities and limits there would be in establishing a new identity for the party and administration (Foley 2002:27). The notion of uncertainty surrounding constraints he faced is particularly important given that Major, came to power at a time that needed “conciliation,” (Ibid.:25) something his personality and political style rendered him able to provide. In offering this, his leadership style was partly dictated by the need to achieve balance. It was important that Major lead a united party and prevent “division in the party between the neo-liberal, free market right and the socially compassionate instincts of ‘one nation’ Toryism” (Ibid.:26).

Nevertheless, any transition between leaders necessitates some degree of change since each individual interprets his or her role and power differently, and Thatcher and Major were no exception, especially in terms of leadership style. Thatcher was largely independent in her style

¹¹⁴ For a detailed discussion of the circumstances that led to Thatcher’s demise, the ensuing leadership contest and her ultimate replacement with John Major, see Foley (2002:16-25).

and decision-making, while Major was content to operate within the collective structure of cabinet government. In addition, and consistent with the position of an affiliated leader, it is reasonable to argue that Major began from a position where it would be difficult to maintain control of his agenda. There were two reasons for his lack of control. First, the circumstances in which he came to office presented a particular challenge as he had to reconcile the different factions of the party while simultaneously bringing together the different ordering propensities of the office. Second, any transition between incumbents' dictates change. This classic problem faced by affiliated leaders is one that Major also confronted. Just as a president must balance interests that are both endogenous and exogenous to the regime; so must a prime minister. Major had to successfully balance the interests of members of his Cabinet, as the president would other individuals within the executive branch, as well as the interests of backbenchers and outside groups supportive of the regime. Indeed, Major was aware of his somewhat tenuous position and so took a "consultative consensus building" approach (Foley 2002:27) that is entirely consistent with the expected leadership behaviour of an orthodox-innovator. Finally, Major came to office at the same point in the regime cycle as his American counterpart, George H.W. Bush, each with shared ideological contexts and each mandated to continue the work of his predecessor within the boundaries of the established regime. Thus, for all these reasons, it is appropriate to categorise Major as an orthodox-innovator.

Tony Blair as a Pre-emptive Prime Minister

In categorising Tony Blair as a pre-emptive leader it is useful to begin by locating his election to office within the British parliamentary system. Although the simple act of coming to power meant he was no longer an opposition leader, in fact he was elected at a time, in 1997, when the conservative regime was still entrenched. Consequently, though Blair may no longer have been in opposition, his categorisation as a pre-emptive leader is appropriate because the ideas and values he represented under the banner of New Labour placed him in a position of ideological opposition relative to the resilient conservative regime.

In recognising the changed environment and the impossibility of resurrecting the old order; using the Third Way as a political strategy, Blair was simultaneously order-affirming (he largely accepted the current order) and order-creating (each new leader exercises power in that a way that necessarily causes change to the existing order, especially when they are ideologically opposed to the existing regime). The difficulty comes when, as Skowronek argues, a leader will also be order-

shattering while simultaneously being order-affirming and order-creating because the presidency as institution simultaneously embodies all three things (Skowronek 1993:20-21). It is difficult to see how pre-emptive leaders are order-shattering when “their order-shattering portents overreached their repudiative authority” (Ibid.:44). Skowronek’s insight here provides further support for Blair’s pre-emption in differentiating between what a leader wants to change and the authority a leader has to enact those changes. Reflecting this point, it is possible to argue that Blair’s commitment to the Third Way represents an ultimately failed attempt to be order-shattering, something that had it gained more widespread acceptance as a political philosophy across Europe and elsewhere, had the potential to transform the global political context.

Despite no longer being in opposition, Blair’s election did not in fact lead to regime transformation. Rather, realising his lack of authority to undertake potentially transformative acts, he was content to operate within the existing institutional arrangements, and indeed many of the policies pursued by New Labour under Blair incorporated Thatcherite ideas within the established ideological framework (Driver and Martell 2002:18).¹¹⁵ Blair recognised and accepted that Thatcher had reconstructed the prevailing commitments of ideology and interest. Accordingly, he modified the Labour Party’s agenda to fit within the conservative institutional structure. In doing so he was acting entirely consistently within the politics of pre-emption, both in rhetoric and stated policy objectives. Indeed, Blair exemplifies the beginning of what Skowronek calls “perpetual preemption,” which “ultimately favors pragmatism, that is, a vigorous assertion of freedom from established dogmas (Skowronek 1993:444). In Klein’s words (2010:190), “pragmatism was the hallmark of the Third Way” and was intended to represent a new, more modern, globalised politics that was not confined by traditional ideological boundaries (Blair 1998a; see also Martell 2004:5).

The removal of Clause IV from the party’s constitution in 1994 provides an instructive example of the way Blair understood the changing political-institutional environment of the 1990s. Specifically, “Blair wanted to divorce the meaning of socialism from its old attachments to the state” (Foley 2002:113), which made it impossible for the Old Labourites to advocate the same overtly socialist agenda that they had in the early 1980s. Not only did Blair reject the “social and traditional fabric” of the Labour Party (Ibid.:109), his deep commitment to Third Way principles exemplified the readying of his party for government within the changed political environment of the late 1990s and served as an implicit recognition of his status as a pre-emptive leader.

¹¹⁵ This argument corresponds to the “Thatcherite consensus thesis,” see Hay (1999:42-75).

Finally, this choice should be contextualised and supported by the fact that pre-emptive leadership differs from the other types as individual character is much more relevant to explaining behaviour (Skowronek 2011:110). This is particularly significant for Blair, who consciously cultivated his agency as leader throughout his premiership, which in turn allowed him to take a consistently active leadership role and to give the Labour Party a new identity and vision. The agency he assumed for himself based on his attitude, approach, political values, beliefs and vision of a renewed social democracy (Blair 1998:1) acted as the starting point for him to attempt to overcome his constraints. Many of these constraints originated from his own party, especially from those who thought he was a “closet Tory” and did not understand the “traditions and rhythms” of the Labour Party (Foley 2002:119). Further constraints came from the Conservative Party, who were “in many respects...the *raison d’être* of New Labour and the force that had precipitated the various reforms put in place by the modernisers” (Ibid.:122). Within this political context, defining and locating the New Labour project in opposition to pre-existing Conservative policies and values was an entirely pre-emptive action. Ultimately therefore, the political balancing act Blair faced between Old Labour socialism and Conservative neoliberalism forced him onto the middle road of pre-emption.

3. Are the chosen leaders aware of the structural conditions (constraints) that Skowronek would expect relative to their place in political time?

This question can be answered in the affirmative for all leaders with the partial exception of Tony Blair. Each of the presidents clearly recognised the structural conditions, which affected how they interpreted their constraints. While George H.W. Bush and George W. Bush chose to operate within these boundaries, Clinton recognised them, but at least in healthcare reform, made a conscious decision to disregard them. George H.W. Bush was content to embrace his constraints and in fact reinforced their fixed nature through his action. Both leaders recognised that theirs was a project of continuity and appreciated that change should be incremental and designed to expand and protect the Reagan legacy. Similarly, Major also recognised his as a project of continuity following the reconstructive premiership of Margaret Thatcher. These three leaders illustrate the utility of Skowronek’s model and the explanatory power of the expected leadership behaviour of orthodox-innovators.

There is little doubt that Clinton and Blair were aware of implications of the structural constraints of their pre-emption manifested in their mutual support for the Third Way and an acceptance of the changing political-institutional environment of the early 1990s. The exception comes, particularly for Blair, in how they interpreted their constraints. In choosing to disregard his constraints however, Clinton underestimated them. The advantage of unified government in his initial two years in office caused him to underestimate the power of Republican opposition to health care reform as well as the opposition of the health care and business lobbies. Failing to appreciate the effect of historical and cultural obstacles within the political-institutional order meant that when he finally did realise their limiting power, they were insurmountable. The change he proposed was too far-reaching and his willingness to compromise came much too late; he was left to regret his misjudgements.

While Clinton conforms to the expected behaviour of a pre-emptive leader in terms of awareness of his constraints, his British counterpart, Tony Blair is more complex. Like Clinton, Blair was also aware of the structural constraints of pre-emption. In his personal interpretation of his constraints and his response to them, he did not necessarily understand his position as one of pre-emption. Consequently, it is important to make a distinction between the reality of his environment, and Blair's reading of that environment. Thus, while his awareness of his structural conditions does not contradict Skowronek's expectations, his response to overcoming these are not those expected of a pre-emptive leader. Increasing the role of the private sector in the NHS, involved an active acceptance of these constraints (based on the received commitments of ideology and interest) rather than an attempt to overcome them. The fact that Blair was easily able to achieve unprecedented change in the NHS suggests, to a large degree, the weakness of his structural constraints. Moreover, he was clearly an active pre-emptive leader, in large part because he did not interpret his political environment as constraining. This conclusion makes Skowronek's model less immediately applicable and instead reinforces the need for further specification of expected behaviour. Blair's attitude and approach to reform were inherently connected to the belief that the NHS should operate "like a business" (Blair 2010:283). The fact that pragmatism overwhelmed any commitment to traditional ideology meant that Blair had both the power and authority to implement radical changes, while the only real necessity was being clear that the founding principle of the NHS: free access at the point of use, would be maintained.

In contrast, Clinton's awareness of his constraints and his interpretation of those, supports the applicability of the model because structural constraints produced by the separated system of government primarily caused Clinton's failure. Moreover, in underestimating his structural constraints Clinton effectively denied himself the opportunity to command the necessary agency, which would in turn have allowed him to manipulate some of those constraints to his advantage. His inability to communicate clearly his plan in order to gain support from key constituencies, left him lacking authority throughout the debate. He was never able to legitimise his plan and without that there was little chance of it gaining the necessary votes in Congress to become law.

4. If the leaders demonstrate awareness, how do they interpret the constraints they face?

The previous question highlighted that all leaders demonstrated awareness and all leaders, with the partial exception of Tony Blair, interpreted their constraints as Skowronek's typology would expect. Considering their interpretations enables an evaluation of their individual approach to their constraints. Their attitude and approach is divided into two categories: active and inactive, which aims to further specify leadership behaviour that is more inclusive of agency-centred explanations.

Bill Clinton, Tony Blair and George W. Bush are all categorised as active in their attitude and approach, while George H.W. Bush is categorised as inactive and John Major is categorised as balanced. Major did not fit precisely into this expansion to the theory as will be discussed below.

a) In their interpretation of their constraints do they adopt an active attitude and approach based on challenging those constraints?

Clinton consciously chose to pursue a course of active pre-emption in health care reform, which is more likely for leaders in this category. Moreover, an active approach fits with the increased focus on the personal characteristics of pre-emptive leaders compared with the other leadership types. The comparison between Major and Clinton effectively ends with their mutual support for managed competition. They chose this strategy largely because it was pushed on them. In reform agenda and eventual outcome, the two leaders differed radically, not only as a result of their respective places in political time, but because of how they interpreted their role as leader and the consequent agency they believed they had to enact change.

Blair was consistently active in his attitude and approach to health care reform. Rather than overtly challenging his constraints however, he seemed actively to embrace the received

commitments of ideology and interest. The increasing focus on privatisation to augment efficiency and control costs after 2000 illustrated in a series of ministerial documents (DoH 2004a, 2005a) reinforces this active approach. Blair's actions to some extent weaken the expectations of Skowronek's model in terms of the rigidity of pre-existing obstacles and the changes that can occur over time. The obstacles faced at the beginning of his government were evidently different for Blair at the end of his premiership, which further suggest that Skowronek's categories are more fluid than they initially seem.

George W. Bush also adopted an active approach to the constraints he faced. He took a primary role in the reform process that produced the Medicare Modernization Act (MMA). He did not however, attempt to distance himself, ideologically or personally, from his predecessors. He was order-affirming because the conservative policy layering (Hacker 2004c) evident in the final legislation was entirely consistent with his expected behaviour, even if the initial proposal and process were divergent. Bush demonstrated that it was possible for Republicans to address a traditionally Democratic issue and to successfully pass legislation that ostensibly benefitted a large group (seniors), while simultaneously benefitting private insurers and drug companies (Hurley and Morgan 2004).

b) In their interpretation of their constraints do they adopt an inactive attitude and approach based on a willingness to operate within those constraints?

George H.W. Bush chose consciously to disregard health care reform. From Bush's perspective as an affiliated leader, there was little reason to propose reform, especially when Reagan had also neglected the issue. Although not particularly driven by ideology, Bush was conservative in many domestic policy areas, including health care. He reflected a desire to maintain the *status quo* by adopting an inactive attitude. The reason for inaction was essentially the belief that government should not interfere in individuals' lives. In health care, individuals should be free to make their own choices based on competition between providers, without fearing government regulation.

In contrast, the situation in which Major came to power made inaction and passivity essentially impossible. Given that the legislation creating the internal market had already been passed during Margaret Thatcher's premiership, Major needed to decide whether to continue with implementation or abandon the policy. Since abandonment would have meant replacement with new and different reforms, which would have created significant upheaval and potentially

disrupted the *status quo*, it is unsurprising that Major chose continuation. Thus, while he was not inactive, neither did he mark out a sufficiently different agenda to be labelled active. Rather, he took the action he perceived necessary to maintain the *status quo* in the NHS once the internal market had been introduced. He pursued a balanced approach throughout his time in office based on an increased focus on health education through *Health of the Nation* and setting clear expectations for service provision to users in the Patients Charter.

George H.W. Bush and Major were similar with respect to their attitude and approach. Bush was clearly inactive in health care reform, until political pragmatism forced him to offer a reform plan in the run up to the 1992 election. Major, while not inactive, was nevertheless willing to operate within the existing structural conditions and recognised that those constraints limited his actions. He also recognised that he had little need to pursue a course of active affiliation; not only was this contrary to his personality, the more aggressive style of his predecessor did not fit with the political circumstances nor his leadership type. His was a balancing act, a change of style, not substance. He successfully operated within and managed the constraints he faced as he balanced intention, implementation and outcome in a way that is expected of orthodox-innovators.

Ultimately, while Bush chose inaction, Major was forced into a balancing act; both were guardians. Thus, not only was the interpretation of their constraints broadly comparable, more importantly the type and reaction to those constraints support the value and application of Skowronek's theory. In addition, the categorisation of Major as balanced (neither active nor inactive) indicates the importance of viewing the active/inactive distinction not as mutually exclusive categories, but as a continuum where categorisation is inherently more flexible than Skowronek's typology and is subject to change depending on political circumstances and external events. Moreover, concluding that Major was balanced in his attitude and approach to interpreting his constraints was primarily based on understanding the impact of his personality and political style on his decision-making. Thus, it is reasonable to assert that the importance of attitude and approach (personality) is not only limited to or visible in the actions of pre-emptive leaders, but that it also has a potentially significant impact for leaders in other categories. This conclusion reinforces the relevance of making an active/inactive distinction designed to provide further criteria on which to specify and explain leadership behaviour.

5. If the leaders do not demonstrate awareness of their constraints, how well does Skowronek's model explain their leadership behaviour, and what other factors can be used to explain the outcomes of their behaviour?

Given that all leaders demonstrated awareness of their constraints and that this awareness produced an observable impact on their behaviour, it is reasonable to assert that Skowronek's model has value in explaining leadership behaviour and has been successfully applied to explain the British political leadership context, with some qualifications. These qualifications come in terms of explaining both Major and Blair's response to their constraints within their particular systemic environment, which decreases the applicability of Skowronek's theory to the British context. The qualifications are necessary to account for the systemic differences between countries that lessens the successful application. Thus, without making these qualifications, it would be more difficult to use the theory to explain the behaviour of Major and Blair and their respective policy outcomes. Significantly, without the qualifications it would remain possible to fit these leaders into the typology. This conclusion suggests that while Skowronek's categorisations have theoretical value when applied to other countries, they have less empirical value to explain behavioural decisions and outcomes. Equally, the theory has less empirical value when applied to US presidents because it lacks the specificity necessary to account for the range of factors that affect leadership behaviour. This theoretical inadequacy limits its value regardless of the country or individual leader to which it is applied, which ultimately has significant implications for future research and the utility of the historical institutional and APD approaches.

For all leaders, fully explaining the outcomes of their behaviour is based on a combined evaluation of the internal political environment and external events. Accordingly, even if the leaders are completely aware of their constraints, it is possible that other factors can also explain the outcomes of their behaviour because the process of political change is more complex than Skowronek appreciates and does not always emanate from the leader. Skowronek's failure to remove the president from the centre of the analysis (Nichols and Myers 2010:12) causes him to inadequately consider the impact of the larger political system. While this thesis has focused on reform that emanates from the leaders themselves in order to provide the most favourable (likely) conditions for an effective application of the theory, in actuality political change is affected by and occurs in a multitude of arenas. Consequently, it would be difficult to fully explain behaviour, the outcome of proposed policy change and the difference between them without considering external

factors. Moreover, the strong focus on the impact of historical factors within the theory has been shown to only provide a partial explanation of behaviour when the theory is applied to a policy context. The historical insights are clearly valuable in terms of identifying patterns over time on a theoretical level, however when it comes to explaining observable outcomes in a policy-making process and accounting for the decisions of individual leaders, historical considerations are not always the primary explanatory factor.

Since all leaders did demonstrate awareness of their constraints, rather than discussing the factors that could explain the behaviour of each leader separately, a more general evaluation is helpful, using the leaders as examples where appropriate. Dividing these factors between endogenous and exogenous to the theory will make it easier to identify areas where the theory has value, where it is insufficient and where it may be useful in combination with other explanations.

Considering external explanations first, although to differing extents each of the leaders confronted the need to balance conflicting opinions and ideological preferences within this own party. While a leader undoubtedly considers his position relative to that of his predecessor as Skowronek suggests in political time, it is equally important to understand how a leader is placed relative to his political contemporaries, members of his own party, supporters, opponents and other stakeholders in both political and secular time. Each of these groups have the ability to initiate and affect political change and therefore can affect the behaviour of a leader as he must respond and exercise his power in a way that fits with his own agenda but also takes into account the received commitments of ideology and interest. Although evaluating these groups as external because they are not part of the regime cycle does not remove the leader from the centre of the analysis, it does better embed the leader within the larger political system.

John Major provides a good example of successfully achieving this balance, while Bill Clinton demonstrates the opposite. As an unelected leader, the fact that Major took the decision to follow through with the implementation of Thatcher's health care reforms could be considered bold, however his leadership situation makes this action seem expected and not unusual. He was able to conciliate those Conservatives that wished to take the party in a different direction and was subsequently able to moderate his own agenda to pacify conflicting opinions. Indeed, the fact that

he achieved reelection, albeit with a small majority, demonstrates his success and indicates some validation on the part of British voters.

In contrast, Bill Clinton's inability to balance conflicting opinions and preferences within his party is a primary factor in explaining his ultimate failure to pass his reforms. His pledge to achieve reform within 100 days and his desire that reform should emanate from the Oval Office effectively excluded Democrats in Congress from the beginning. At a time when Clinton should have been taking advantage of unified government, the lack of exclusion of Democrats in Congress only exacerbated conflicting opinions. Without their support, Clinton's proposed legislation was always doomed to failure. Skowronek's structural constraint model explains Clinton's failure effectively because it suggests that political change will emanate from the centre and then be beset by institutional barriers. The failure also demonstrates however the value of embedding the leader more firmly into the larger political system in order to provide the most complete explanation for the outcome.

Like Major, Tony Blair also faced a balancing act; between Old Labour who opposed the increasing privatisation of the NHS and New Labour who wanted modernisation and increased efficiency in the NHS and were content to promote further private sector involvement in order to achieve these goals. Unlike Major however, the much larger parliamentary majority Blair enjoyed meant that he did not have to consider the conflicting factions within his party to the same extent.

Significantly, further external factors that could explain behaviour include events outside of the political environment that either dictate a disproportionate focus on foreign policy or produce behaviour change in a leader based on the media and/or public perception of the event. The introduction of external (non-political) events would undoubtedly complicate Skowronek's model, but would achieve a removal of the leader from the centre of the analysis and in doing so provide a more complete and nuanced explanation of how political change occurs. For example, a significant change in the economy would affect the viability of certain reforms and therefore have the potential ability to remove a structural barrier. Public opinion of a particular policy reform or event can also change a leader's behaviour as can the media's interpretation and reporting of that policy reform or event. Indeed, Clinton misjudged the public desire and readiness for fundamental health care reform and confronted many negative media reports as a result. Making this misjudgement however did not necessarily signal failure for his proposals had he been able to effectively communicate the benefits of the plan to the American public. His inability to do this

only reinforced the constraints he faced. This insight demonstrates that external factors have the ability to either exacerbate or lessen constraints, to facilitate or prevent change. It is the response of the individual leaders to these events that determines whether their impact will be positive or negative. This conclusion does suggest however that external factors are equally relevant as contributory reasons when it comes to explaining leadership behaviour and should be considered alongside internal factors.

Turning to internal factors that could explain behaviour, for Blair the changes he proposed and implemented in the NHS clearly indicate that he was unconcerned with the opinions and responses of his Old Labour colleagues because they were effectively powerless to prevent the passage of these reforms. The removal of Frank Dobson, a firm Old Labour politician, as Health Secretary in 2000 further demonstrates how internally the leader is able to make decisions and remove obstacles. The role of ministers and political advisors within government can vary depending on how a leader chooses to exercise his power. These groups do have the ability to affect the behaviour of the leader more than Skowronek appreciates, as can be seen by the Clinton Health Care Task Force and George H.W. Bush's delegation of the formulation of his health care agenda; however, because the leader occupies a position at the ultimate centre of the regime, their impact will be dependent on the leader's decisions and choices. Thus, Clinton wanted ultimate control in deciding his agenda, while Bush was content for his advisors to make decisions. In terms of explaining behaviour, it is more likely that a leader has the ability to change the behaviour of his advisors and ministerial colleagues than they have to change his behaviour.

Evaluating his success, it is clear that Skowronek's theory only partially explains Blair's behaviour. Rather, it is systemic differences between the US and Britain that primarily account for this divergence in terms of how a parliamentary system enables a leader to exercise his power differently and the warrants he has to claim authority when he enjoys a large majority. The successful implementation of significant NHS reform under Blair also highlights the importance of additional internal factors; agency-centered explanations, personality (attitude and approach to reform) and political skill. Although Skowronek recognises the potential importance of personality with reference to pre-emptive leaders, overall personal interpretation of constraints is considered to have less explanatory relevance. While the predominance of structure is entirely appropriate within the theory, applying it to individual leaders in a policy context has highlighted the need for more detailed consideration of the impact of agency-centred factors. Given that this thesis was

based on a most likely case design, the adaptations made to the theory in order to secure explanatory value suggests that ultimately it has limited empirical value outside the United States.

The utility of the active/inactive distinction demonstrated the importance of considering a leader's attitude and approach to reform as an explanatory factor for their behaviour. For each of the US presidents, their attitude and approach to the formulation and effecting of their reform agenda conformed to the expectations of their respective leadership situations. George H.W. Bush was cautious, content to delegate decision-making and hoped to protect the *status quo*. Bill Clinton was ambitious, independent and committed to enacting reform. George W. Bush was aware of his position and able to use his resources as leader and political skill effectively; he was committed to continuing Reagan's legacy through espousing traditional Republican values.

Similarly, John Major also conformed to his categorisation; he was moderate, less overtly ideological and sensitive to the need to balance conflicting opinions. Only Tony Blair differed from expectations in terms of his attitude and approach; although constantly active and committed to reform, he contradicted expectations in his ideological preferences and response to Conservative reforms of the NHS. Nevertheless, the fact that each of the leaders did conform to type in this context again indicates that in terms of explaining behaviour deeper consideration of agency-centred factors would enhance Skowronek's theory, not detract from it.

This discussion has made clear that there are several alternative explanations for leadership behaviour, both internal and external. Nevertheless, it is important to conclude that since all of the leaders examined in this thesis did show awareness of their constraints, a combination of Skowronek's theory and other factors provide the most complete explanation of leadership behaviour of the chosen leaders.

6. How do the structural constraints affect the formulation of the reform policy agenda of the chosen leaders?

For the three orthodox-innovators, structural factors were a significant consideration. Unified government acted as a safety net for George H.W. Bush who was not interested in health care reform (Blumenthal and Morone 2009:320), preferring to leave formulation of the health care agenda to his advisers. Ultimately, structural constraints facilitated non-formulation of a policy agenda based on a conservative belief in respecting individual choice and limited government intervention.

Similarly, unified government after the 2002 mid-term elections also acted as a safety net for the younger Bush, although not for inaction, but for action. Knowing that Republican control of Congress dramatically increased the likelihood of success, Bush chose to propose substantial reform to a traditionally Democratic domain, Medicare. Even with the comfort of unified government however, the reform process demonstrated the difficulty of overcoming the constraints expressed through the received (and embedded) commitments of ideology and interest from both sides of the ideological spectrum. First, opposition came from Republicans who believed that the MMA signalled an increase in government regulation and expenditure in health care, something completely opposed to their traditional values and principles. Second, opposition came from Democrats many of whom had initially supported the bill, but were opposed to the conservative elements within the legislation, for example the financial benefit it offered to health care insurance companies (Hurley and Morgan 2004:462). The fact that the bill became more conservative in scope and language as the reform process unfolded clearly indicates that structural constraints did have some impact on policy formulation and that there were observable differences between the initial proposal and the eventual outcome, especially in terms of economic cost to the federal government. Nevertheless, the ultimate passage of the MMA also shows that Bush overcame his constraints. He was able to overcome them not because they became less fixed, but rather through directed leadership, targeted persuasion and bargaining and manipulation of political agency, in which he was clearly operating at the limits of his power.

In terms of formulation of his health care policy agenda, John Major was broadly comparable to George H. W. Bush. The publicly-controlled health care system however, dictated that Major could not follow a policy of inaction. Rather his was a limited agenda that respected structural constraints. He prioritised cabinet government and was happy to cede control of health policy direction to the Secretaries of State (Dorrell 2015). His agenda was one based largely on implementation. He chose a course of collaboration, collective discussion and interest over dominance. He did however distance himself from Thatcher in his clear focus on improving the health of the population as evidenced by the publication of *The Health of the Nation* in 1992. Ultimately this was an insufficient differentiation especially in terms of the actual functioning of the NHS, which had already been fundamentally been changed by the introduction of the internal market. There were no real differences between Major's policy intentions and outcomes, although not because he successfully overcame his constraints, but rather because he had little desire to

operate outside the boundaries of orthodox-innovation. This conclusion further supports the application of Skowronek's model to the British political leadership context as Major behaved as the model expects, respecting for systemic differences. These differences lessen the empirical value of the theory, while it retains its normative utility. Major's behaviour was consistent with expectations; however, his policy agenda demonstrates that a qualification must also be made within the active/inactive distinction. In essence, ideal types such as these have limited explanatory power (in an empirical context) if they are viewed as fixed and unchanging.

While structural constraints clearly affected Clinton and Blair in the formulation of their policy agendas, these were much less powerful for Blair than Clinton. This difference can in part be explained by the systemic context, which reduces the explanatory power of Skowronek's theory. Clinton's compromise on managed competition emanated from considerations about how best to overcome existing constraints within a separated political system. Although he enjoyed unified government, the lack of agreement with some Democrats in Congress combined with an extremely low level of party discipline meant, unlike the affiliated George W. Bush, Clinton was not in a sufficiently strong position to persuade or bargain with members of his own party. Managed competition was also intended to be a concession to Republicans who were concerned with spiralling health care costs.

More generally, the divergent outcomes between Clinton and the younger Bush demonstrate that it is easier for an affiliated leader to overcome constraints than a pre-emptive leader. This insight reinforces the importance of personal characteristics and political skill of leaders within this group. Indeed, although the importance of personal characteristics of pre-emption are interpreted as a weakness of the model (Crockett 2002) in fact this element is validated by Clinton and Blair. Both leaders had strong personalities and were committed to reform based on a vision that involved adapting left of centre values to the changed political context of the early 1990s. In addition, personality and skill are also important in allowing pre-emptive leaders to accumulate the necessary agency to make their constraints more flexible. In contrast, being affiliated to the regime offers political cover in making the proposed reform more politically acceptable, both to the legislature and to the population as whole. Thus, structural constraints are inherently more flexible for orthodox-innovators since they are not opposed to the received commitments of ideology and interest.

Of all the leaders, Tony Blair faced the fewest structural constraints. Nevertheless, those he did face did affect formulation of his policy agenda, at least in his initial years in office. A particularly difficult constraint placed on Blair and more important than the opposition of Old Labour MPs was the embedded cultural values within the NHS. In addition, Blair had accepted Conservative funding limits, something particularly restricting, hence the “keeping what works” commitment in the first health policy document, *The New NHS: Modern, Dependable* (DoH 1997). After 1999, following his announcement of major investment in the NHS in January 2000 (Blair 2010:264), the fear of change in the NHS became easier to overcome since an increase in funding meant change would be easier to implement. Unsurprisingly, there were few observable differences between Blair’s policy intentions and outcomes throughout his ten-year period in office. He was in a position to maximise his political agency to overcome his constraints successfully, which he did using his popularity, mandate for change and parliamentary majority. Blair was able to use his power, claim authority and legitimise his actions in a way that would certainly be more difficult for a pre-emptive leader in a presidential system. This conclusion illustrates that pre-emption is the most challenging leadership type to apply to a parliamentary system, which could negatively affect the application of the theory to other countries with parliamentary systems.

7. How conscious are the chosen leaders of their respective constraints in the context of the health care policy reform they have/have not chosen to pursue?

Taking each leader in turn, it is possible to argue that they all demonstrated some awareness of their constraints upon taking office in context of proposing health care reforms. George H.W. Bush’s desire to continue the agenda of his predecessor however meant in some instances he did not interpret his mandate for continuation as a constraint. Rather being affiliated to the regime allowed him to act with caution and use the regime’s entrenchment as a safety net for pursuing policies designed to produce incremental change. For this reason, he chose not to pursue a reform agenda in health care; instead he was content to maintain the *status quo* and leave market forces to regulate the health care system. It was only when then-candidate Bill Clinton challenged him to produce a reform plan that he sent legislation to Congress. This plan was however limited and primarily motivated by political pragmatism: the need to achieve re-election. Ultimately, Bush was insufficiently committed to reform to ensure success. The constraints Bush encountered as an

affiliated leader ensured that he followed a path of inaction during his first three years in office; when he did realise the need for reform and act to that effect, it was too late. In Britain, prime minister John Major began from a similar starting point in terms of the constraints he faced and his response to them. Unlike his American counterpart however, his mandate for continuation was more difficult to determine given that he had come to office following a leadership contest and not a general election. On the one hand, the need to continue the agenda of his predecessor was inevitable because he had not been elected with a clear programme of his own. On the other hand, the desire to move away from his predecessor and take his party in a different direction following her defeat presented a challenge that had to be met. Aware of his leadership situation and the constraints he faced, it is unsurprising that Major adopted a balanced approach to reform of the health care system, defined by a change in style not substance. He followed through with Thatcher's reforms, but did so in a way that reflected his measured, less overtly ideological approach.

In contrast, as a pre-emptive leader, Bill Clinton chose to pursue a reform agenda that challenged his constraints and pushed the boundaries of his power within a resilient regime. Clinton provides an important case in terms of assessing how his constraints affected his health care reform agenda, not in terms of formulation at the initial stage; he was clear he wanted to provide comprehensive coverage, but rather during the process of the reform debate. His desire to implement comprehensive coverage reflects some awareness of his constraints, but significantly demonstrates a conscious desire to disregard those constraints. His move towards compromise and concession during the process suggest an increasing awareness of his constraints and an acceptance that the reform agenda he chose to pursue was too complex, too ambitious and too divisive to be politically acceptable or practically achievable.

Sharing a category with Clinton, as a pre-emptive leader Tony Blair chose to pursue an agenda that aimed for fundamental reform within the existing structure of the health care system. He demonstrated awareness and understanding of his constraints and despite proposing significant reform in terms of operational culture and service delivery, he never had any desire to undermine the fundamental principle of the NHS: free treatment at the point of delivery. The reform agenda he chose to pursue showed a desire not to disregard, but to embrace his constraints. He hoped to

achieve reconstructive change without reconstructive circumstance, a hallmark of ambition for a pre-emptive leader (Hoekstra 1999a:659).

Finally, although an affiliated leader in the reform he chose to pursue, ostensibly George W. Bush consciously defied his constraints in proposing the most fundamental reform to Medicare since the 1960s, traditionally a Democratic Party domain. Yet, in ideological direction and underlying detail, the proposal reflected a continuation of the Reagan agenda in health care reform in that it introduced the market into Medicare delivery and ensured a larger role for health insurance companies in service provision. Bush demonstrated subtle awareness of his constraints. His decision to pursue Medicare reform may have been for political reasons; in the process, decision-making and outcome however, Bush conformed to the expectations of an affiliated leader. He ensured that the implemented changes did not fundamentally alter the existing system and reflected the underlying conservative values in health care reform: market regulation and increased choice.

8. To what extent does the historical context of health care reform affect the leaders' awareness of their constraints?

Both British leaders were aware of the scope of change that was empirically achievable and politically acceptable within the health care system. Safeguarding free treatment provided the historical context and set the parameters for reform such that both leaders interpreted this as a constraint to be carefully navigated. Indeed, both Major and Blair remained true to this principle (Major 1999:390; Blair 2004:180; Corrigan 2015; Dorrell 2015) and in fact used it as their starting point for the changes they implemented. Major in clarifying standards that patients could expect through the Patients Charter and Blair through commitment to the New Labour narrative: “how do you empower patients and maintain the principles of the NHS in the 21st century?” (Corrigan 2015). Ultimately therefore, the reform debate in Britain centres on the extent of change, which must always be implemented within this pre-existing constraint in addition to the economic obstacles imposed by budget limitations and insufficient resources. It is important to note that the impact of this constraint on the behaviour of both leaders is not adequately accounted for within the theory because it is external to the regime and does not emanate from the leader. This reinforces the importance of systemic differences, however here it is based on the health care systems and not the political systems. This conclusion would suggest that the theory would be empirically less

relevant in cases where the health care system is publicly funded because this produces a different set of constraints that can have a divergent effect on leadership behaviour.

In Clinton's case as a pre-emptive leader, historical context constrained each step of the reform process, from initial choice to ultimate failure. More so than for the other leaders, historical context affected Clinton's awareness of his constraints, his response to them and the ultimate outcome of his reform proposals. Specifically, Hacker (1997a:171) maintains that "the origins of the Clinton plan cannot be understood without an appreciation of the political, institutional and cultural barriers to universal health care that reformers faced in the early 1990s." Heclo (1995:86-98) makes a similar argument in assuming that "success in reforming social policy generally depends not on hundreds or thousands of detailed circumstances but on certain key background conditions that may be identifiable." In other words, historical context is important and should be recognised as such when constructing and evaluating contemporary reform attempts (see Hacker 1998).

Situating Clinton's plan historically, Morone (2010:1099) argues the "Nixon administration's national health insurance proposal is a clear forerunner of the Clinton plan," which suggests that reform proposals are never entirely new (Blumenthal and Morone 2009:356), but build upon previous attempts. Their differences come only in their ideological starting point and the extent to which it is necessary to operate within the boundaries of what is considered politically acceptable in their own time. Nevertheless, considering Clinton's place in the regime cycle, a brief survey of previous failed attempts at health care reform indicated to the president that the "historical odds" (Clinton 2003:146) were against him. In failing adequately to appreciate the challenges his predecessors had faced and the political contexts that were instrumental in creating those challenges, Clinton could not be certain that he would avoid making the same mistakes.

Considering the importance of historical context to George H.W. Bush and George W. Bush, both shared an understanding of the need to protect Reagan's conservative legacy and were aware that they should proceed with caution in proposing health care reforms. For the elder Bush caution manifested in inaction, while for his son, proposals that initially seemed to contradict Reagan's legacy in fact came to reinforce them through increased marketisation and competition within Medicare provision. Indeed, the discussion of the politics behind his Medicare reform

demonstrated why Bush fits securely within the realm of articulation such that his presidency “should be understood in the context of Ronald Reagan’s legacy” (Béland and Waddan 2007:769).

9. Are there observable differences between stated policy intentions (reform proposals) and policy outcomes?

Considering the ultimate policy outcomes in each case, there are observable differences between intention and outcome for all leaders. Evaluating these differences to determine the impact of structural constraints, it becomes clear that for all the leaders, except Tony Blair, institutional structure primarily explains these differences. It is therefore possible to conclude that Skowronek’s model has some value in explaining political leadership outside the American context. The exception for Blair is explained not through structural considerations, but by factors that are external to the theory. Accordingly, the theoretical value of Skowronek’s typology is maintained, while its empirical value is decreased. Moreover, it is also evident that existing structure should be the initial consideration in assessing the factors that condition a leader’s response to his environment, but with the caveat that this approach makes it more difficult to remove the leader from the centre of the analysis since a leader must necessarily be located within his institutional environment before his actions can be evaluated and historically situated.

a) If yes, can these be attributed to the structural constraints?

Explaining the difference between intention (to pass reform) and outcome (failure), the similarities between Bush Sr. and Clinton reveal the obstacles of their respective leadership situations. Bush hoped to pass incremental reform that would be order-affirming; Clinton hoped to pass transformative reform that would be order-shattering. Bush would not challenge the boundaries of his articulation; Clinton was too ambitious in hoping to challenge his pre-emptive boundaries. Both their failures can be attributed to structural constraints and their attitude and approach to them.

For Bush, after three years of inaction on health care when he did propose reforms he misjudged the political situation and lacked the commitment required to give his proposals the greatest chance of success. Bush intended to make incremental change to the system such that costs would be better controlled. The outcome, his failure to send a full plan to Congress, to communicate the specifics of his plan, to convince the public of the need for reform and to display complete commitment to achieving reform, clearly demonstrated his inability to overcome his

constraints. While the failure itself can be attributed to structural constraints, equally important is Bush's attitude and approach to those constraints. He allowed the constraints he encountered to disproportionately control his behaviour. He was indifferent to health care reform and was unwilling to challenge the boundaries of articulation.

As Skowronek highlights, orthodox-innovators encounter the largest range of constraints because more than other leaders they must reconcile the order-shattering and order-creating propensities of the office with the order-affirming. To achieve this reconciliation, these leaders display a preference for incremental reform that modifies existing circumstances. Bush certainly confronted this dilemma and his failure to display the necessary commitment to his health care reform plan demonstrated his failure to overcome his constraints.

As is expected of a pre-emptive leader, in contrast to Bush, Clinton hoped to challenge the boundaries of his place in political time. Clinton's (2005:620) intention to provide "universal coverage without a tax increase" and its outcome offer the clearest example of the differences and ultimate failure being attributable to structural constraints. The reasons for Clinton's failure have already been discussed in detail, more important here is to explain the contribution of structural constraints to that failure. To begin with Clinton proposed reform into a hostile political environment, however he also proposed reform into an equally hostile historical-institutional environment. Indeed, he could have mitigated this constraint by giving more consideration to the historical context. Since FDR in the 1930s, the president who had arguably the best opportunity to introduce universal coverage, the window for transformative change has consistently narrowed. A considered examination of his predecessor's attempts and a better understanding of the socio-cultural ethos surrounding health care provision would have revealed to Clinton how difficult this reform process was likely to be. Moreover, had he displayed greater awareness he may have moderated his reforms and given them a greater chance of success. Thus, structural constraints limited his chances for success from the beginning. Once the reform process began, the constraints Clinton faced that could have been lessened or manipulated, such as Democratic opposition in Congress, became increasingly rigid. In contrast to Tony Blair whose actions demonstrated the flexibility of his constraints, Clinton failed to understand the political environment; he failed to understand the attitude of the nation who did not want or were not ready for such far-reaching reform; he saw constraints but either chose to disregard them or believed he could break through them. This misguided belief led him to be too ambitious, to propose a plan that was too complex,

too costly and too personalised; a plan that did not have the support of his party in Congress. Proposing such transformative change into an already constraining environment, each of these factors only made Clinton's situation more difficult and successful passage more unlikely. Ultimately, he underestimated his constraints until it was too late and in doing so exacerbated them, rendering his willingness to compromise pointless and insufficient.

b) If no, is it possible to observe that the given leader overcame his constraints successfully?

In some cases, such as George W. Bush and Tony Blair, in large part they did overcome their constraints successfully as there was less difference between intention and outcome of their reform proposals.

In the case of John Major, although there was little difference between intention and outcome since he was initially presiding over the implementation of reforms proposed by his predecessor and then focusing on reforms to improve the nation's health education and not direct provision, he did not overcome his constraints. Instead, as an orthodox-innovator he respected his constraints; his delicate position as an unelected leader increased the probability that he would follow through with Thatcher's reforms. It also caused him to have to defend his decision and react against the charge of increasing privatisation of the NHS. In choosing to implement Thatcher's reforms, he was conforming to expectations, therefore not only was there little difference between intention and outcome, there was also little need for Major to overcome his constraints as this had already been achieved before he became leader. After 1992, he remained content to operate within their limits and did not propose fundamental reform that would create conflict either within his party, the NHS or other groups. Operating with a small majority, his own reforms, the Patients Charter and Health of the Nation, reflected his attitude and approach and displayed a more measured, balanced and less ideological view on health care reform. Consequently, Major did not overcome his constraints successfully, although this was never his intention. Rather he respected them, focused on incremental reform that he believed would benefit the nation and ultimately demonstrated that the constraining impact of the structural environment can be successfully controlled and modified with a measured and balanced approach.

Where there are observed differences between intention and outcome, it is not necessarily the case that a leader overcame his constraints successfully, but rather that either those constraints lessened or disappeared as a leader's attitude and approach towards them changed, or the political

circumstances changed due to events beyond the leader's control. Thus, measuring success may not be the most effective way to determine the value of the theory in explaining the empirical outcomes of leadership behaviour. More effective would be a combination of structural and agency-centred explanations that focus not on success but on the factors producing change, whether intentional or unintentional.

Moreover, while attributing differences to external events decreases the applicability of the model, it does not necessarily make it less relevant. Rather this insight suggests that the political world is fundamentally more complex than the model appreciates. This conclusion again highlights the impact of systemic differences between the US and Britain, which can help explain these differences such that the theory has less applicability outside the American context, where the sufficient conditions for effective application are not entirely observable and/or maintained over time.

Considering the outcome of Tony Blair's reforms in more detail, it becomes clear that structural considerations provide only a partial explanation. While it is possible to assert that Blair overcome his constraints successfully, this was primarily due to his ability to adapt his reform proposals to changing political circumstances and to effectively respond to conflicting interests. He was also able to give himself freedom from strict ideology and instead base his reforms on the need for increased modernisation and efficiency and decreased cost. Structural constraints did have the potential to undermine Blair's reform proposals, however they were not the primary factor in explaining the difference between intention and outcome. Had Blair held transformative ambitions for the NHS, it is likely that structural constraints, particularly the operational culture of the NHS itself, would have resulted in failure. The fact that Blair proposed fundamental reform but did so while always maintaining the founding principle of free treatment at the point of delivery explains why there is little difference between intention and outcome. Moreover, this conclusion also highlights that in cases where the systemic differences are considerable, the divergence between intention and outcome can be explained better by agency-driven factors and external political considerations.

The fact that Blair's reform agenda for the NHS can be divided into two clear time periods, (1997-2000/2000-2007) demonstrates not the constraining power of structure, but his changing response to his structural environment, which illustrates that constraints are not necessarily as fixed as they seem. Specifically, the distancing from the Third Way that had been a dominant element

of policy until 2000 highlighted Blair's changing attitude and approach to his reform proposals and revealed a better understanding of the obstacles he faced in gaining sufficient support for his reforms. In Blair's case it is possible to conclude that he overcame his constraints successfully, although removed and circumvented are a more accurate description. The difference between intention in 1997 and intention in 2000 and outcome in 2000 and beyond was of his own making and had little to do with structural constraints. The difference between intention and outcome after 2000 was minimal, because he successfully exercised his power and was able to claim authority to validate his actions. The structural constraints changed little during his time in office, rather his response to them changed, thus they became easier to manipulate, to remove and ultimately to overcome. Thus, Skowronek's model does not explain Tony Blair's behaviour effectively, rather this conclusion suggests that agent-centered factors should be given greater consideration in order to offer a more comprehensive explanation. This finding also demonstrates that pre-emption is the most challenging category to apply to a different political context, especially one founded on a parliamentary system.

In terms of intention and outcome, there were some observable differences between the Medicare reform proposals originally made by George W. Bush and the passed legislation, particularly with regard to cost. Nevertheless, while those differences can be primarily attributed to structural constraints, the differences reflect the way Bush overcame his constraints.

Bush's willingness to compromise and adapt his proposals during the process to ensure successful passage accounts for the difference between intention and outcome. In short, it was Bush's intention to expand Medicare in a conservative direction: by introducing market incentives through increased competition and choice from private sector providers and he successfully achieved this outcome in the form of passed legislation. In terms of overcoming constraints, whether internal or external, Bush demonstrates the importance of maintaining commitment to reform. Combined with the political awareness to manipulate his position and the ability to take advantage of an appetite for reform within society, each of these factors explains why Bush successfully manipulated and thus overcame his constraints.

10. What does the outcome (legislation/lack thereof) tell us about the power of structural constraints on a leader's ability to achieve the change he desires in the context of evaluating the applicability of Skowronek's theory?

The range of outcomes, from failure to implemented legislation, examined in this thesis illustrate the varying impact of structural constraints and significantly reveal the effect an individual leader's attitude and approach can have on the constraints he encounters. Skowronek's theory demonstrates that the structural environment is intended to limit a leader's ability to achieve change, both in the US and Britain, because political systems are designed to favour incremental over transformative change. It becomes clear that although each leader begins at largely shared starting points in terms of the constraints they face (accepting for the systemic differences between Britain and the US), how they interpret their constraints can differ radically and more than is expected relative to their categorisation.

In an empirical context, these differences cause the power and impact of constraints to change over time, more than the theory appreciates. Including a larger range of agency-centered factors in terms of explaining leadership behaviour would not only provide a more complete picture of that behaviour, but also allow for a clearer specification of behaviour and a better understanding of how this changes over time. The inclusion of agency-centered factors has been begun through the introduction of an active/inactive distinction that has shown value in providing the desired clearer specification in a policy-specific context. The applicability of the theory to explain leadership behaviour in a policy-specific context increases when agency-centred factors are combined with structural explanations.

Regarding the US presidents, the power of structural constraints was stronger and more immediately obvious, however this is unsurprising given that the theory was developed in the context of the American presidency and larger political system. The differing outcomes in terms of legislation between these leaders (failure to send complete bill to Congress; failure to pass legislation; success) reinforces the relevance of agency-centred factors in explaining behaviour. While it is clear that structural constraints narrow the extent of change that can be achieved they do not necessarily limit a leader's personal hopes to achieve the change he desires, as Clinton demonstrates. The attitude and approach of leaders to their constraints is crucial to understanding their power to limit and prevent legislative change.

Both Clinton and George W. Bush were committed to their reform proposals, yet the different outcomes indicate that commitment itself is insufficient. Effective use of resources, communication and political skill are also important in making constraints removable. No constraint is entirely fixed; rather there is a range of rigidity and the ability to lessen that depends internally on individual interpretation and externally on the larger political environment. Both leaders had unified government, however while Clinton excluded his party in Congress, Bush involved other Republicans realising that he would fail without their support. He better understood the challenges inherent in achieving political change and was more willing to compromise and negotiate to achieve success.

The leaders that are more likely to achieve success are those who recognise that constraints will always exist and will always limit the potential for change, but have (or are able to sufficiently create) a favourable external political environment that they can successfully manipulate through effective exercise of power. It is also important that they are able to convince opponents and the larger public that change is necessary, thus giving them the authority to lead that change. Considering the successful passage of the Medicare Modernization Act (MMA) in more detail, in fact the success itself presents a challenge to the theory because it assumes that structural constraints that define the design of the American political system should cause legislation to fail. While this may be the case with potentially transformative reforms, the MMA was not transformative and was designed with clear, controllable objectives, to increase choice in Medicare provision. Thus, the theory is generally applicable in cases of incremental change (George W. Bush) where the constraints are difficult, but the political situation is such that they can be overcome. The theory is the most effective however when explaining the failure of transformative efforts (Clinton) and complete lack of legislation, because the political-institutional environment is designed to produce minor changes over long periods of time. Finally, the theory also effectively explains the outcome of George H.W. Bush's failure to send a complete health care reform bill to Congress. The theory expects that an orthodox-innovator such as Bush should not want to change the existing situation, and indeed this was the case. Bush's half-hearted attempts were motivated not by personal commitment or a desire to challenge his constraints, but emanated from political pressure and the desire to win re-election. Ultimately therefore, Skowronek's theory was especially effective in explaining the outcome of Bill Clinton and George H.W. Bush reform

attempts and it had some value (alongside other factors) in explaining the success of George W. Bush.

In contrast to their American counterparts, the British prime ministers challenged Skowronek's theory. Although the structural constraints John Major and Tony Blair faced were broadly comparable to the US context, the systemic differences affected the power that the constraints had on each of the leader's ability to achieve change. The constraints themselves did not affect their respective desires to achieve change, rather their desires each reflected their leadership situations. Major hoped for measured change, Blair hoped for significant change. Both leaders achieved success in their reforms primarily because they did not face the constraint of separated branches of government, meaning a parliamentary majority was sufficient to ensure success. While this conclusion may be simplistic, it does suggest that the power of structural constraints is less in the British political context and they are more susceptible to being overcome. Consequently, achieving transformative change in the British parliamentary system is inherently more likely than in the US presidential system. For this reason, the general applicability of the theory is decreased.

Nevertheless, there are areas in which the theory does have value in explaining the leadership behaviour of Major and Blair. Major does conform to the expectations of his leadership situation, in his interpretation of his constraints, how they affected his behaviour and in the impact they had on the formulation of his policy agenda. Similarly, in his behaviour Blair largely conforms to the expectations of pre-emption. He presents the most challenging case for the theory in terms of explaining his behaviour and his desire for change within the NHS after 2000, which to some extent contradicts expectations regarding his attitude towards reforms within the resilient regime to which he is theoretically opposed. Again, this finding demonstrates that structural constraints are inherently less fixed in Britain and highlights the importance of systemic differences that decrease the applicability of the theory. It also suggests that the received commitments of ideology and interest are less clearly defined in Britain because ideology and how it is interpreted is more fluid, which makes it possible for Blair to embrace some of the Conservative vision for the NHS while remaining pre-emptive. Indeed, it is possible for Blair to change his attitude and approach towards reform and still achieve success because he is not constrained by divided government or the need to persuade opposition politicians to support his reforms. In addition, explaining Blair's

outcomes also reinforces the value of greater consideration of agency-centered factors because of the observable differences in his attitude that are not effectively explained by structural constraints.

Overall, the outcome of the reform attempts of both Major and Blair (success) demonstrates the more limited applicability the theory has in explaining leadership behaviour outside the American context and by extension the challenges and value of using of an APD framework in a comparative context. While the typology itself (i.e. the concept of political time and the individual categorisations) can be valuably exported to another political context, when it comes to explaining leadership behaviour within a policy-specific context, applicability is inherently more limited because the systemic differences become significant in a way that is not obvious when the theory is only considered in the abstract. This finding suggests that applying the theory comparatively using another presidential system may provide a more successful avenue for further research, something discussed in more detail in the conclusion.

Summary

The table below provides a summary of the main findings. The three columns represent each of the elements tested in the thesis: Skowronek's typology (i.e. the concept of political time within the recurring patterns of leadership represented by the regime cycle), application of the theory to a policy-specific context (health care reform) and the utility of the active/inactive distinction as a mechanism to further specify expected behaviour.

Leader	Did they fit into Skowronek's typology?	Was their leadership behaviour (in health care reform) explained by the theory?	Was their behaviour more effectively explained using an active/inactive distinction?
George H.W Bush	Yes	Yes	Yes
Bill Clinton	Yes	Yes	Yes
John Major	Yes	Yes	No
Tony Blair	Yes	Partially	Yes
George W. Bush	Yes	Yes	Yes

Table 3: Summary of Findings

Based on the findings discussed in this chapter, it is possible to conclude that each of the US presidents fit well into the typology, which supports the identification of recurring patterns of

leadership in the current regime cycle. Each of the presidents demonstrated awareness of the constraints that Skowronek would expect relative to their place in political time. Moreover, these expectations were empirically illustrated in their leadership behaviour towards health care reform: in the formulation (or lack thereof) of their agenda, in their decision-making and attitude towards what was achievable and in eventual outcome. The fact that the theory effectively explained the leadership behaviour of these presidents reinforces the importance of identifying the sufficient conditions necessary for successful application. Given that the theory was designed to evaluate the impact of leadership on the transformation of the American presidency, it is unsurprising that these conditions were present and accordingly that the presidents fit effectively. This finding suggests that the theory would have value in explaining the leadership behaviour of presidents in different time periods and using different policy areas. Equally, the value of the active/inactive distinction demonstrated that even in the American cases where the sufficient conditions were present, it was necessary to further specify the criteria for leadership behaviour because political change does not always emanate from the leader at the centre. The process and outcome are more complex and affected by a much larger range of factors, both internal and external to the regime. Similarly, the categories are more fluid and the structural constraints more flexible, thus it is not always the case that a leader will fail in enacting change, rather in the American context, it is the case that the opportunity and scope for transformative political change consistently narrows as a result of historical context, pre-existing (and current) institutional circumstances and external events outside the leader's control.

In contrast, the British leaders examined in this thesis clearly challenged the theory. In cases such as Britain where the background institutional conditions do not exist or are significantly different from the American context, while it may still be possible to fit leaders into the typology (both Major and Blair demonstrated awareness of their constraints), it is more difficult to explain leadership behaviour in an empirical context. Although it is possible to identify recurring patterns of leadership in Britain that would facilitate comparison of leaders over time, the lack of separate branches of government not only produces different institutional constraints, it causes leaders to interpret the constraints differently. This systemic difference also changes the historical context in which a leader operates, the flexibility of pre-existing constraints and ultimately the scope of political change that can be achieved. While there may be several points of comparison between leaders based on their shared categorisations as demonstrated in the thesis, the divergent outcomes

in a policy context can primarily be explained by the fact that British leaders face fewer constraints and thus fundamental change is easier to achieve in the British political system, regardless of a leader's place in the regime cycle.

The partial explanation of Tony Blair's leadership behaviour can be accounted for in the evident change in his attitude and approach to health care reform between 1997-2000 and 2000-2007. In the first period he acted consistently with the expectations of a pre-emptive leader. His adherence to the principles of the Third Way provided the clearest manifestation of his pre-emption. In the second period, his changed attitude and approach placed him between the categories of pre-emption and articulation relative to the resilient conservative regime. Rather than explicitly challenging his constraints, he actively embraced them. Yet, it is not possible to categorise him as an orthodox-innovator, primarily because he was more politically pragmatic than his conservative predecessors and moreover his leadership project was never one of continuation or completion. Rather he had a new and different vision for the NHS that was based less on strict ideological values and more on a pragmatic commitment to achieving modernisation and efficiency. More than any other leader, Blair's behaviour and the outcome of his reform proposals highlight two conclusions. First, pre-emption is the most challenging category to apply outside of the American context because it is based on the notion that a leader will be in opposition to the governing regime. Since this does not hold in a parliamentary system, the institutional constraints of pre-emption are different than Skowronek would expect in the British case. Second, the importance of including agency-centred factors to provide the most complete explanation of behaviour. In the British cases where the structural constraints are fewer and more susceptible to being overcome it is necessary to consider a larger range of explanatory factors to explain behaviour and outcomes. It is entirely possible that a leader may act consistently with Skowronek's expectations, but that the reason action for this may not be as expected and may be more complex than appreciated. Including a larger range of factors would be made easier if the leader was removed from the centre of the analysis and more firmly embedded in the larger political system.

Utilising the active/inactive distinction as a mechanism to further specify the criteria for leadership behaviour based on including a larger range of (agency-centred) factors had demonstrable value in an empirical context. The behaviour of each of the leaders, with the exception of John Major was more effectively explained using this mechanism. The fact that Major did not fit precisely into either of these categories does not entirely undermine the utility of this

mechanism. Rather, this finding highlighted the need to recognise that these categories are ideal types and that they should not be viewed as mutually exclusive. Instead, it is more appropriate to interpret these categories as two ends of a continuum. Accordingly, in his balanced approach Major occupies the middle of this range and demonstrates that a leader will have a different attitude and approach to each individual policy area. The utility of the active/inactive distinction remains in revealing some of the deficiencies of Skowronek's theory, particularly when applied to a policy-specific context, and in representing the first steps to rectify those deficiencies.

Ultimately, the comparison undertaken in this thesis proved valuable because, despite the utility of some aspects of the theory, overall it highlighted that the American Political Development framework does not apply well outside the United States. This finding will be further discussed in the conclusion in answering the main research questions of the thesis and considering areas for further research.

Conclusion

Making a Final Assessment: Answering the Main Research Questions and Considering the Overall Contribution

Based on the findings discussed in the evaluation chapter and the partially successful applicability of Skowronek's theory to the British political context, some overall conclusions are necessary. Specifically, eight conclusions are noteworthy:

1. The systemic differences (both politically and in health care provision) between the US and Britain were significant, especially in the act of passing legislation. Passing legislation is much easier in Britain as a result of the parliamentary system. Combined with the higher level of party discipline in Britain, US Congressmen have more individual agency to vote on the basis of personal opinion and not party line, which changes how this structural constraint is perceived and how it can be overcome. Given that Skowronek's model is founded on structural constraints, it is unsurprising that this negatively affects the overall applicability.
2. External factors such as economic circumstances and internal factors separate from the institutional context, such as perceived popularity, political mandate and personal skill were more important than the theory appreciated. These factors should be afforded greater consideration, especially when it comes to more effectively joining structure and agency. Moreover, external factors had a larger impact on a leader's interpretation of the particular environment and consequently affected the attitude and approach they took to overcoming their constraints as well as the formulation of their policy agenda. Recognising the significance of external factors in explaining leadership behaviour would also more firmly embed the leader into the larger political system and thus provide a more comprehensive explanation of their leadership behaviour.
3. The need to further specify expected leadership behaviour became clear when the criteria for each categorisation was measured against actual behaviour within a policy-specific context. Thus, the active/inactive distinction provided a useful way of achieving this specificity. It offered a more accurate picture of the individual responses of the respective leaders to their constraints and their subsequent attitude and approach in formulating their policy agenda. It was also valuable for building into the theory greater consideration agency-centred factors and highlighting the increased relevance of external factors outside the regime that affect a leader's

behaviour and his ability to achieve change. Making this distinction also served as the first step to removing the leader from the centre of the analysis and placing him within the broader political environment. The distinction also more accurately reflects the variation between leaders' interpretations of the power (and political agency) they have and the warrants to authority they are able to claim. Similar to the origins of some constraints, the sources of power that a leader can exercise do not solely emanate from within the regime cycle; they are also affected by individual perceptions of how much agency a leader believes he has or can obtain in his position as head of the executive.

4. Pre-emptive leadership is the most difficult leadership category to apply to a different political context, largely because this group of leaders face the biggest range of systemic constraints within a presidential system. In a parliamentary system, the constraints are fewer and can be overcome more easily. Indeed, just the act of being elected means that a leader is no longer in opposition (Lieberman 2000:299-300), although he might be ideologically opposed to a resilient regime. The importance of personal characteristics for leaders in this group supports Crockett's (2002) argument for different types of pre-emption, which more accurately reflect the conscious choices a leader makes in relation to operating within the pre-existing boundaries. A pre-emptive leader may choose to modify rather than overtly challenge. It should not be assumed that all pre-emptive leaders begin with reconstructive ambitions.
5. Tony Blair stands apart from the other leaders in the degree of agency and thus authority he was able to claim to legitimise his reforms. The considerable parliamentary majority he enjoyed between 1997-2005 made the structural constraints much less significant than for any other leader, which contributed to his changed attitude towards his constraints after 2000. For this reason, the theory only partially explains Blair's leadership behaviour and suggests that while focusing on the leader as separate from the larger political system does negate the impact of systemic differences to some extent, it does not eliminate their effect entirely.¹¹⁶
6. Health care reform provided a most likely case design through which to utilise an APD approach in a comparative context to test the theory. It satisfied the sufficient conditions for

¹¹⁶ To add complexity to this conclusion, a leader in a parliamentary system with a different electoral system, such as Proportional Representation, might fit within the theory more closely since this would necessarily change the dynamics of the system. The systemic differences between a parliamentary and presidential system might be lessened in such a case since the smaller parties in parliament could theoretically act as veto players in the same way as members of the US Congress often do. Party discipline might also be consequently lower and vary across parties relative to a larger ideological spectrum.

application, notably that all the leaders assumed, or at least were in a position to assume, a primary role in the reform process. Using this policy area, the thesis demonstrated that structural-historical constraints that become increasingly embedded over time can lead to divergent outcomes at a future point in time. Structural constraints have an observable impact on the formulation of a leader's policy agenda, his decision-making during the reform process and the ultimate outcome of the reform proposals.

7. The application of Skowronek's theory to the British political leadership context was partially successful. The utility of the typology was revealed when applied to both John Major and Tony Blair. Not only was it possible to fit both leaders into the typology effectively; in his actions Major conformed to the expectations of his leadership situation, while Blair also conformed, especially during his first three years in office. The overall application was less effective when applied to British leaders in a policy-specific context as a result of systemic differences that produced different and less fixed structural constraints.
8. In terms of assessing the broader value of using an APD approach in a comparative context, the thesis demonstrated the difficulties of combining these theoretical approaches. The singular focus on the US within the theory exemplified the larger challenges of using an APD approach to explain recent British political leadership. Despite identifiable macro-level similarities, the historical development of the American presidency and the consequent sufficient conditions on which the theory was based were less clearly observable in the British case. A focus on macro-level similarities was insufficient to overcome the systemic differences that negatively affected the overall application.

Answering the Main Research Questions

Answering the main research questions of the project will enable an overall judgment on the success in achieving the aims of the thesis.

Question 1

Can Skowronek's institutional theory of presidential leadership be applied to Britain to explain prime ministerial leadership behaviour?

While the thesis has demonstrated partial success in applying Skowronek's presidential leadership theory to Britain, it has also highlighted difficulties that have undermined that application. The

application was generally successful in applying Skowronek's typology to the chosen British prime ministers. Both John Major and Tony Blair were shown to act within the boundaries of their respective leadership types and to demonstrate awareness of their constraints relative to their respective places in political time. Major's political environment and circumstances in which he came to office clearly reflected the main challenges faced by orthodox-innovators. Blair also conformed to type upon assuming office. He was overtly committed to finding a Third Way, the clearest manifestation of his pre-emption. This commitment placed him in opposition to the resilient conservative regime, but equally opposed to the traditional socialist ethos of the Labour Party. This finding not only suggests it was possible to observe comparable regime cycles and thus the existence of recurrent patterns of leadership within political time in Britain, but that these categorisations could also have value when applied to other leaders in different time periods. Moreover, in terms of explaining behaviour, while this was more challenging in a policy-specific context, taking the expectations Skowronek provides on a purely theoretical level, the theory did have some value in explaining the behaviour of the British prime ministers.

Turning to the difficulties of application, these were revealed when the expectations of the theory were tested against a policy-specific context. While both Major and Blair confronted political environments the theory would expect, the different (and fewer) structural constraints contained within a parliamentary system and each leader's response to those accounted more effectively for the outcomes (legislative success) than Skowronek's theoretical insights. In addition, the different arrangement of the British political system made their structural constraints inherently more flexible than in the US and thus affected the way they interpreted their constraints. Removing or overcoming their constraints was easier as was the actual passage of legislation. As a result, the possibility for transformative change was more likely in Britain than the US, something that challenged the expectations of the theory.

Ultimately, it is reasonable to conclude that Skowronek's theory can be applied to Britain to explain prime ministerial leadership behaviour with some limitations. These limitations emanate primarily from the systemic differences between the countries and the differing trajectory of historical development of the British parliamentary system. Moreover, the prime minister is also differently embedded in the larger political system, which affects both his behaviour and the way he interprets his constraints. Although it is possible to identify comparable regime cycles across countries and to place each leader in political time, explaining their behaviour in a policy-specific

context presents a theoretical challenge because the process and outcome of political change follows different pathways and is undertaken in a less institutionally-constraining environment. Both Major and Blair provide valuable case studies in terms of testing Skowronek's theory, however examining these leaders has necessarily limited the thesis to a test of the applicability of articulation and pre-emption. While articulation fitted effectively within the British context, pre-emption posed a greater challenge, largely because the act of election in Britain means that the leader (and party) is no longer in opposition. Nevertheless, it was possible to observe pre-emptive conditions during Blair's premiership, which suggests the potential for examining other pre-emptive leaders to further determine the utility of this leadership situation to the British political context. Moreover, it would also be appropriate to examine the reconstructive (Thatcher) and disjunctive (Callaghan) British leaders to establish the value of the typology as a whole and thus enable a more definitive judgment on the applicability of Skowronek's theory to British prime ministerial leadership behaviour.

Question 2

Can an American Political Development approach be successfully utilised in a comparative context to provide a more complete understanding of how leadership efforts drive political transformation?

This question should be answered in the context of the success of applying Skowronek's theory to a different political context and policy area. Given that the application was only partially successful, it is also possible to conclude that an APD framework has limited explanatory power when applied in this comparative context: to British political leadership. APD provides an insufficient explanation of how leadership efforts drive political transformation in recent British politics because the sufficient conditions on which an APD-focused analysis of leadership is based did not obtain in the British case. Moreover, the thesis has exposed the deficiencies of the APD approach outside of the American context largely because it was specifically designed to explain political outcomes in the US and is based on a particular understanding of the historical development of the American political system. Given the divergent historical development of the British political system, the limited applicability of Skowronek's theory demonstrated in the thesis highlighted the larger conclusion that the APD approach could not be effectively transferred.

The thesis showed that a historical institutional approach, which utilises both elements of APD and comparative politics (Stein, Thelen and Longstrech 1992; Mahoney and Thelen 2010)

was more easily transferable to a different political context than APD itself. The fact that historical institutionalism had been successfully applied to other countries and to the policy area chosen in this thesis (Immergut 1990) suggested the potential for successful application in this thesis. Indeed, it was possible to identify comparable institutional environments at the macro level across countries that provided the foundation for an effective comparison. It was also possible to identify similar ideational contexts and specifically the received commitments of ideology and interest that was a core of the theory and represented a key element of an historical institutional approach. Utilising an historical institutional approach however was less effective, again because of the different developmental trajectory of the British political system. For the same reason, the APD approach was less effective, especially in terms of its utility to explain recent comparative leadership patterns.

It could be the case that an APD approach may be more valuable when used with leaders at an earlier stage of historical development in both countries. The APD approach was more difficult to transfer because it relied on conditions that were absent in the development of the British political system and unique to the American political system. Consequently, it was not possible to successfully apply this approach and indeed it appeared that this approach was complicated by the comparative context of this thesis. The challenges posed in satisfying the conditions required by both APD and comparative politics respectively were not met, either in the chosen time period or policy area.

Significantly, this conclusion does not suggest that a comparative APD approach is not possible in other circumstances (Hacker 1998; Lieberman 2005), rather that it had little utility when Skowronek's theory was tested as a principal example of this approach. Thus, it is reasonable to conclude that while a comparative APD approach may (and does) have value in explaining other policy areas;¹¹⁷ it provided only a partial explanation of British leadership behaviour. Although it was possible to identify similar leadership efforts, the consequent transformation of the British executive is different to that of the American presidency. Similarly, despite the identification of comparable political orders and temporal processes, the historical development of the British

¹¹⁷ Discussing the relationship between comparative politics and APD, Morgan (2016:175-178) highlights three areas where the two approaches could benefit from increased dialogue: construction of state authority; democratization and the study of race, ethnicity and national identity. She also discusses two areas in which there has already been considerable congruence: qualitative methodology and the study of the welfare state.

executive explains divergent outcomes in terms of how recent leaders in each country interpret their role as an agent of change and the consequent reforms they choose to pursue.

Question 3

Does further specifying the expected leadership behaviour of presidents and prime ministers increase the effectiveness of Skowronek's theory in terms of explaining observed outcomes when the theory is applied to an empirical context?

The motivation for the active/inactive distinction, to increase the applicability of Skowronek's theory in an empirical context was generally successful because it did achieve a further specification of expected leadership behaviour. Further specifying expected leadership behaviour was shown to have value in terms of more accurately categorising how leaders personally interpret their constraints, regardless of their place in the regime cycle. This distinction did increase the effectiveness of Skowronek's theory when applied to health care reform, however to make a definitive judgement on its utility it is necessary to test this distinction using additional policy areas. Nevertheless, in health care reform the distinction illustrated the rigidity of Skowronek's categories and showed the utility of including a larger range of agency-centred factors in explanations of leadership behaviour. It recognised that leaders have the capacity to interpret and respond to their constraints in ways the theory may not always expect. Moreover, leaders have the agency (given their place at the centre of the regime) to take actions that can either exacerbate or lessen their constraints. Ultimately, the active/inactive distinction was a valuable expansion of the theory because it increased the range of choices a leader had throughout the policy process, from formulation of the agenda to final outcome. The distinction also better embedded the leader into the larger political system by recognising that the interpretation of constraints is not only or even primarily conditioned by a leader's place in political time, but is equally affected by his contemporary circumstances and external events. It challenged Skowronek's expectation that a leader should primarily define himself against his predecessor and demonstrated that while historical-institutional context was undoubtedly significant, the leader's behaviour was based on a much larger range of factors.

The fact that John Major did not fit exactly into either of the expanded categories suggested that these should not be viewed as mutually exclusive; rather it is more appropriate to consider these categories as two ends of a continuum, where a leader can be placed at different points relative to different policy areas. Equally, he has the ability to move along the continuum in

response to changes (both internal and external to the regime) over time. Similarly, this expansion suggested that Skowronek's original categories could also be viewed as more fluid; giving a leader the opportunity to change his leadership situation during his time in office. Again, a policy-specific context was useful in revealing how a leader may conform to type in some areas and not in others; just as he may choose to be active in some policy areas and not others. Accepting this insight, the distinction was an attempt to respond to some of the critiques of the theory and in particular to provide a mechanism that enabled a greater consideration of agency-centered explanations for behaviour. By focusing more on how a leader interpreted their constraints rather than the fixed nature of the structural environment, the distinction added complexity to the theory and suggested that the process by which political change occurs is more nuanced.

In terms of explaining observed outcomes, the distinction was also valuable because it demonstrated that structural constraints are not always the primary explanatory factor. Considering the attitude and approach of all leaders, on which the distinction was based, it became clear that the range of factors that could explain behaviour was much larger and not limited to the institutional context. As the political situation changes so does a leader's response to that situation, however rather than becoming increasingly fixed as the theory would expect, in some cases a leader's approach increased the flexibility of his constraints.

Suggestions for Further Research

On the basis of the conclusions and partial success in applying the theory, there are four broad areas in which this project could act as the starting point for further research. First, the theory may be applied to other countries both with presidential and parliamentary systems, to further investigate the impact of systemic differences on the process and outcome of reform. Second, since Skowronek categorises each president from George Washington to Barack Obama, it would be possible to use different and longer time periods in order to further assess change over time and more definitively determine the possibility of identifying historical leadership patterns. Third, using different policy areas that expand on the insights made from health care reform. Fourth, as Crockett (2002) and other scholars have done, to take an individual leadership type and compare the leaders across time, both in the US and other countries. Each of these areas will be briefly discussed in turn.

Given the differences between presidential and parliamentary systems and the associated critiques that are seen to prevent full comparison of leadership behaviour, Skowronek's theory could be applied to another presidential system in order to determine whether these differences can be negated and a more effective comparison achieved. It would also be possible to select countries with parliamentary systems that have also had the presidential analogy applied, such as Canada (Bakvis and Wolinetz 2005:199-220) and Australia (Kefford 2013), in the knowledge that the systemic differences may negatively affect theoretical application. Choosing countries such as these would represent a most likely case design, which would seem most appropriate in order to expand on the findings of this thesis.

The theory could be effectively used to compare historical leaders within comparable regime cycles with a view to assessing change over time. Given that the primary contribution of Skowronek's theory was to break down traditional barriers that had prevented comparison of presidents in different eras, it would be valuable to use historical leaders to gain an insight into how constraints may have changed over time relative to changes in the political-institutional structure of American politics, compared to their contemporary counterparts. Equally significant would be researching whether the historical barriers that Skowronek has broken down in the US are as susceptible to being overcome in other countries where as with Britain it is possible to identify comparable regime cycles and larger political orders.

In terms of selecting different policy areas, it is evident that the theory has the greatest chance of successful application in areas where the leader takes primary control in shaping, legislating and implementing policy. Consequently, this consideration should be paramount when choosing potential policy areas, based either on a most likely or least likely design.

Finally, focusing only on a specific leader(s) or leadership type could yield important insights into the nature of leadership based on Skowronek's theory. For example, comparing reconstructive leaders Ronald Reagan and Margaret Thatcher or distinctive leaders Jimmy Carter and James Callaghan could build upon the insights of this project as well as more adequately assessing Skowronek's (1993:32) contention that Reagan's reconstruction was "more rhetorical than institutional" and investigating his associated claim that contemporary leadership politics is entering a period of "perpetual preemption" (Ibid.:444).

Overall Project Contribution

This project has not only applied Skowronek's theory to a different country, political system and empirical setting, it has successfully extended the theory by further breaking down barriers that often prevent scholars from undertaking cross-country comparison. It has shown that it is entirely possible to establish patterns of leadership across countries and to compare those in order to explain dissimilar processes of change over time when applied to a specific policy area. Moreover, despite systemic differences, recognising patterns has been made possible by a larger identification of certain conditions and circumstances that make leadership behaviour and decision-making in industrialised democracies comparable.

Applying the model to a policy-specific context has highlighted both strengths and weaknesses of the theory, which led to the formulation a mechanism that adds valuable complexity to the theory and to Skowronek's construction of political time. This mechanism more accurately reflects how leaders respond to their political environment by combining structure and agency more effectively and giving greater appreciation to the impact personal opinions, ideas and skill can have on a leader's interpretation of his constraints and the strategies he chooses to overcome them. Ultimately, the mechanism has illustrated that despite shared categorisations in Skowronek's model, each leader faces a unique set of circumstances and constraints that deserve more detailed theoretical consideration. The agency-centred differences that often explain divergent empirical outcomes can get lost in the search for similar structural conditions within the larger political order and over large spans of time. Through this mechanism, the project challenges Skowronek's historically-rooted expectations surrounding leadership behaviour, suggesting that they are more complex and wide-ranging, more nuanced and precise.

Finally, the thesis has effectively demonstrated the challenges of combining APD and comparative politics as separate research approaches. Exposing the deficiencies of the APD through the inability of Skowronek's institutional theory to fully explain recent British political leadership indicates that more research is required to determine the areas and themes where APD is valuable and where it is less effective. This conclusion represents the major contribution of the thesis; the fact that APD did not transfer successfully relative to the subject of this thesis does not detract from the project. Rather it demonstrates why it is so important to continue to attempt to unite different approaches in spite of challenges to achieve progress within the discipline as a whole.

Bibliography

Addison, P. (1975) *The Road to 1945*. London: Cape.

Adonis, A., and Hames T. (1994) (eds.) *A Conservative Revolution: the Thatcher-Reagan Decade in Perspective*. Manchester: Manchester University Press.

Allen, G. (2002) *The Last Prime Minister: Being Honest About the UK Presidency*. London: Politico.

Allsop, J. (1995) *Health Policy and the NHS: Towards 2000*. 2nd ed. London: Longman.

Andres, G. (2005) 'The Contemporary Presidency: Polarization and White House/Legislative Relations: Causes and Consequences of Elite-Level Conflict', *Presidential Studies Quarterly* 35(4): 761-770.

Appleby J., Little, V., Ranade, W., Robinson, R., and Salter, J. (1990) *The Use of Markets in the Health Service: The NHS Reforms and Managed Competition*. Birmingham: National Association of Health Authorities and Trusts.

Arnold, P.E. (1995) "Determinism and Contingency in Skowronek's Political Time", *Polity* 27: 497-508.

Arnold, P.E. (2000) 'Bill Clinton and the Institutionalized Presidency: Executive Autonomy and Presidential Leadership', in Schier, S.E. (ed.) *The Postmodern Presidency: Bill Clinton's Legacy in U.S. Politics*. Pittsburgh: University of Pittsburgh Press, pp.19-40.

Atkinson, R. and Savage, S.P. (1994) 'The Conservatives and Public Policy', in S.P. Savage, S.P., Atkinson, R. and L. Robins (eds.) *Public Policy in Britain*. London: Macmillan, pp.3-14.

Bakvis, H., and Wolinetz, S.B. (2005) 'Canada: Executive Dominance and Presidentialization', in Poguntke, T., and Webb, P. (eds.) *The Presidentialization of Politics: A Comparative Study of Modern Democracies*. Oxford, Oxford University Press, pp.199-220.

Barakso, M. (2011) "The Political Consequences of Internal Dissent in Advocacy Groups: The AMA, Public Opinion and Health Care Reform," paper presented at the March 2011 meeting of the Midwest Political Science Association, Chicago, Illinois.

Barber, J.D. (1977) *The Presidential Character: Predicting Performance in the White House*. 2nd ed. Upper Saddle River, N.J.: Prentice Hall.

Barber, J.D. (1980) *The Pulse of Politics: Electing Presidents in the Media Age*. New York: W.W. Norton.

Barnett, C. (1972) *The Collapse of British Power*. London: Methuen.

Barnett, C. (1986) *The Audit of War*. London: Macmillan.

Bean, C., and Mughan, A. (1989) 'Leadership Effects in Parliamentary Elections in Australia and Britain', *American Political Science Review* 83(4): 1165-1179.

Bédarida, F. (1991) *A Social History of England 1851-1990*. 2nd ed. Translated by Forster, A.S. and Hodgkinson, J. London: Routledge.

- Béland, D. (2007) 'Ideas and institutional change in social security: Conversion, layering, and policy drift', *Social Science Quarterly*, 88(1): 20-38.
- Béland, D. (2010) 'Policy Change and Health Care Research', *Journal of Health Politics, Policy and Law* 35(4): 615-640.
- Béland, D., de Chantal, F.V., and Waddan, A. (2002) 'Third way social policy: Clinton's legacy?' *Policy and Politics*, 30(1): 19-30.
- Béland, D., and Hacker, J. S. (2004) 'Ideas, private institutions and American welfare state 'exceptionalism': the case of health and old-age insurance, 1915-1965', *International Journal of Social Welfare* 13(1): 42-54.
- Béland, D., and Waddan, A. (2006) 'The Social Policies Presidents Make: Pre-emptive Leadership Under Nixon and Clinton', *Political Studies* 54(1): 65-83.
- Béland, D., and Waddan, A. (2007) 'Conservative Ideas and Social Policy in the United States', *Social Policy and Administration* 41(7): 768-786.
- Béland, D., and Waddan, A. (2008) 'Taking 'Big Government Conservatism' Seriously? The Bush Presidency Reconsidered', *The Political Quarterly* 79(1): 109-118.
- Béland, D., and Waddan, A. (2010) 'The politics of social policy change: lessons of the Clinton and Bush presidencies', *Policy and Politics* 38(2): 217-233.
- Berwick, D. M. (1994) 'Eleven worthy aims for clinical leadership of health system reform', *JAMA: the journal of the American Medical Association* 272(10): 797-802.
- Bevan, G., and Robinson, R. (2005) The interplay between economic and political logics: path dependency in health care in England. *Journal of Health Politics, Policy and Law*, 30(1-2): 53-78.
- Bevins, A. 'Blair Goes Presidential' *The Independent*, May 6, 1997, Available from: <http://www.independent.co.uk/news/blair-goes-presidential-1259955.html>, (Accessed 20 January 2014).
- Bevir, M. and Rhodes, R.A.W. (1998) 'Narratives of Thatcherism', in Berrington H. (ed.) *Britain in the Nineties: The Politics of Paradox*. London and Portland, OR: Frank Cass, pp.97-119.
- Bevir, M., and Rhodes, R.A.W. (2006) 'Prime Ministers, Presidentialism and Westminster Smokescreens', *Political Studies* 54(4): 671-690.
- Blair, T. (2003) 'The Third Way: New Politics for the New Century', in Heffernan R., and Chadwick A. (eds.) *The New Labour Reader*. Cambridge: Polity Press.
- Blair, T. (2010) *A Journey: My Political Life*. New York: Alfred A. Knopf.
- Blair, T. (1995) *Let Us Face the Future: the 1945 Anniversary Lecture*. London: Fabian Society.
- Blair, T. (1997) *Speech at the Annual Party Conference*, Brighton, 30 September. Available from: <http://www.britishpoliticalspeech.org/speech-archive.htm?speech=203> (Accessed 13 October 2104).
- Blair, T. (1998a) *The Third Way: New Politics for the New Century*. London: Fabian Society.

- Blair, T. (1998b) *Speech at the Annual Party Conference*, Blackpool, 29 September. Available from: <http://www.britishpoliticalspeech.org/speech-archive.htm?speech=204> (Accessed 13 October 2014).
- Blair T. (2001) 'Third Way, Phase Two', *Prospect* 61:10-13.
- Blair, T. (2002) *The courage of our convictions: why the reform of public services is the route to social justice*. London: Fabian Society.
- Blair T. (2004) *New Britain: My Vision of a Young Country*. Boulder, CO: Westview Press.
- Blair, T. (2006) *Speech to a meeting of The New Health Network Clinician Forum*, 18 April. Available from: <http://www.nhshistory.net/tonyblair.htm> (Accessed: 13 October 2014).
- Blair, T. (2010) *A Journey: A Political Life*. New York: Alfred A. Knopf.
- Blair T., and Schroeder, G. (1998) 'Europe: The Third Way/Die Neue Mitte', in Hombach, B. (ed.) (2000) *The Politics of the New Centre*. Cambridge: Polity Press, pp.157-177.
- Blendon, R. J., and Taylor, H. (1989) 'Views on health care: public opinion in three nations', *Health Affairs* 8(1): 149-157.
- Blendon, R.J., Brodie, M. and Benson J. (1995) 'What happened to Americans' support for the Clinton's health care plan?', *Health Affairs* 14(2): 7-23.
- Blendon, R. J., R. Leitman, I. Morrison, and Donelan K. (1990) 'Satisfaction with Health Systems in Ten Nations', *Health Affairs* 9(2):185-192.
- Blumenthal, D., and Morone, J.A. (2008) 'The Presidents', in Morone, J. A., Litman, T. J., and Robins, L. S. (eds.) *Health politics and policy*. Clifton Park, N.Y.: Delmar Cengage Learning.
- Blumenthal, D., and Morone, J.A. (2009) *The Heart of Power: Health and Politics in the Oval Office*. Berkeley: University of California Press.
- Brivati, B. (1993) 'Clause for Thought', *History Today*, 43(10) [Online]. Available at: <http://www.historytoday.com/brian-brivati/clause-thought> (Accessed: 9 June 2014).
- Brodie, M. (1996) 'Americans' Political Participation in the 1993-94 National Health Reform Debate', *Journal of Health Politics, Policy and Law* 21(1): 99-128.
- Brown, R. (2012) A History of the Anglo-American Special Relationship. [Online]. Available from: <http://ashbrook.org/wp-content/uploads/2012/06/ShermanBrown-Printable.pdf> (Accessed 10 July 2017).
- Bryman, A. (2016) *Social Research Methods*. 5th ed. Oxford: Oxford University Press.
- Buchanan, B. (1987) *The Citizens Presidency: Standards of Choice and Judgment*. Washington, D.C.: CQ Press.
- Bulpitt, J.G. (1986) 'The Discipline of the New Democracy: Mrs Thatcher's Domestic Statecraft', *Political Studies* 34(1): 19-39.

- Burden, T., Cooper, C. and Petrie, S. (2000) *'Modernising' Social Policy: Unravelling New Labour's Welfare Reforms*. Aldershot: Ashgate Publishing.
- Burke, J.P. (2000) *The Institutional Presidency: Organizing and Managing the White House from FDR to Clinton*. Baltimore: Johns Hopkins University Press.
- Bush, G.H.W (1990) 'Address Before a Joint Session of the Congress on the State of the Union,' January 31. Gerhard Peters and John T. Woolley, *The American Presidency Project*. Available from: <http://www.presidency.ucsb.edu/ws/index.php?pid=18095> (Accessed 23 July 2014).
- Bush, G.H.W. (1992a) 'Address Before a Joint Session of the Congress on the State of the Union', January 28. Gerhard Peters and John T. Woolley, *The American Presidency Project*. Available from: <http://www.presidency.ucsb.edu/ws/index.php?pid=205444> (Accessed 23 July 2014).
- Bush, G.H.W. (1992b) 'Radio Address to the Nation on Health Care Reform', July 3. Gerhard Peters and John T. Woolley, *The American Presidency Project*. Available from: <http://www.presidency.ucsb.edu/ws/?pid=21198> (Accessed 23 July 2014).
- Bush, G.H.W. (1992c) 'The First Clinton-Bush-Perot Debate: Second Half', St Louis, Missouri, October 11. Available from: <http://www.debates.org/index.php?page=october-11-1992-second-half-debate-transcript> (Accessed 23 July 2014).
- Broder, D.S. (2003) 'Time Was GOP's Ally On the Vote', *Washington Post*, November 23, A01.
- Bush, G.H.W. (1988) 'Address Accepting the Presidential Nomination at the Republican National Convention', New Orleans, LA: 18 August. Gerhard Peters and John T. Woolley, *The American Presidency Project*. Available from: <http://www.presidency.ucsb.edu/ws/?pid=25955> (Accessed 27 April 2015).
- Bush, G.W. (2000) 'The First Gore-Bush Presidential Debate', Boston, MA: 3 October. Available from: <http://www.debates.org/index.php?page=october-3-2000-transcript> (Accessed 1 November 2014).
- Bush, G.W. (2002) 'The President Promotes Compassionate Conservatism', Washington D.C.: Office of the Press Secretary, April 30. Available from: <http://georgewbush-whitehouse.archives.gov/news/releases/2002/04/20020430-5.html> (Accessed 3 November 2014).
- Bush, G.W. (2003a) Address of the President to the Joint Session of Congress on the State of the Union.' *Weekly Compilation of Presidential Documents*, January 28, 109-116.
- Bush, G.W. (2003b) 'Remarks by the President at the signing of the Medicare Prescription Drug Improvement and Modernization Act of 2003', Washington D.C.: 8 December.
- Bush, G.W. (2010) *Decision Points*. New York: Crown Publishers.
- Campbell, J. L. (1998) 'Institutional analysis and the role of ideas in political economy', *Theory and Society*, 27(3): 377-409.
- Carter, D. (2004) 'Rightward Currents: Bill Clinton and the Politics of the 1990s', in Shields, T.G., Wayne, J.M., and Kelley, D.R. (eds.) *The Clinton Riddle: Perspectives on the Forty-second President*. Fayetteville: University of Arkansas Press, pp.111-134.

Carr, F. (1990) 'Foreign and Defence Policy: The Impact of Thatcherism', in Savage S.P. and Robins L. (eds.) *Public Policy Under Thatcher*. Basingstoke: Macmillan.

Center for Public Integrity (1995) 'Well-healed: inside lobbying for health reform, Part 1', *International Journal of Health Services* 25(3): 411-453.

Clarke, P., and Trebilcock, C. (1997) (eds.) *Understanding Decline: Perceptions and Realities of British Economic Performance*. Cambridge: Cambridge University Press.

Clinton, H.R. (2003) *Living History*. New York: Scribner.

Clinton, W.J. (1991) 'Remarks Announcing Candidacy for the Democratic Presidential Nomination,' October 3. *The American Presidency Project*, online by Gerhard Peters and John T. Woolley. Available from: <http://www.presidency.ucsb.edu/ws/?pid=77817> (Accessed: 13 August 2014). Video available from: <http://www.c-span.org/video/?21803-1/clinton-announcement> (Accessed: 13 August 2014).

Clinton, W.J. (1992) 'The First Clinton-Bush-Perot Debate: Second Half', Presidential Debate', St. Louis, Missouri, October 11. Available from: <http://www.debates.org/index.php?page=october-11-1992-second-half-debate-transcript> (Accessed 23 July 2014).

Clinton, W.J. (1993a) 'Remarks on Health Care Reform and an Exchange with Reporters.' *Weekly Compilation of Presidential Documents*, January 25, 96-98.

Clinton, W.J. (1993b) 'Address of the President to the Joint Session of Congress.' *Weekly Compilation of Presidential Documents*, February 17, 215-24.

Clinton, W.J. (1993c) 'Address of the President to the Joint Session of Congress.' *Weekly Compilation of Presidential Documents*, September 22, 1,836-46.

Clinton, W.J. (1993d) 'Remarks in the ABC News "Nightline" Town Meeting in Tampa, Florida.' *Weekly Compilation of Presidential Documents*, September 23, 1850-1870.

Clinton, W.J. (1993e) 'Remarks and a Question-and-Answer Session on Health Care Reform in New York City.' *Weekly Compilation of Presidential Documents*, September 26, 1885-1895.

Clinton, W.J. (1994a) 'Address Before a Joint Session of Congress on the State of the Union.' January 25, 148-157.

Clinton, W.J. (1994b) 'Remarks in a Health Care Roundtable in Topeka.' *Weekly Compilation of Presidential Documents*, April 7, 706-718.

Clinton, W.J. (1994c) 'Remarks at a Rally for Health Care Reform in Minneapolis, Minnesota.' *Weekly Compilation of Presidential Documents*, April 8, 746-752.

Clinton, W.J. (1994d) 'Remarks and a Question and Answer Session with the National Governor's Association in Boston.' *Weekly Compilation of Presidential Documents*, July 19, 1,511-22.

Clinton, W.J. (1994e) 'Exchange with Reporters in Boston on Health Care.' *Weekly Compilation of Presidential Documents*, July 19, 1,522-1,523.

Clinton, W.J. (1994f) 'Statement on Health Care Reform Legislation.' *Weekly Compilation of Presidential Documents*, September 26, 1868.

- Clinton, W.J. (1996) 'Statement on Senate Action on Health Care and Minimum Wage Legislation.' *Weekly Compilation of Presidential Documents*, July 25, 1341-1342.
- Clinton, W.J. (1997) 'Statement on Signing the Balanced Budget Act of 1997.' *Weekly Compilation of Presidential Documents*, August 5, 1190-1192.
- Clinton, W.J. (1999) 'Address of the President to the Joint Session of Congress on the State of the Union', *Weekly Compilation of Presidential Documents*, January 19, 78-88.
- Clinton, W.J. (2005) *My Life*. London: Arrow Books.
- Coates, D., and Hillard, J. (1986) (eds.) *The Economic Decline of Modern Britain: The Debate between Right and Left*. Brighton: Wheatsheaf Books.
- Collins, B. and Robbins K. (1990) (eds.) *British Culture and Economic Decline*. London: Weidenfled and Nicolson.
- Corwin, E.S. (1984) *The President: office and powers, 1787-1984: history and analysis of practice and opinion*. 5th ed. New York: New York University Press.
- Crafts, N. (1991) 'Reversing Relative Economic Decline: The 1980s in Historical Perspective', *Oxford Review of Economic Policy* 7(3): 81-98.
- Crinson, I. (2005) 'The direction of health policy in New Labour's third term', *Critical Social Policy* 25(4): 507-516.
- Crockett, D.A. (2002) *The Opposition Presidency: Leadership and the Constraints of History*. College Station: Texas AandM University Press.
- Cronin, T.E. (1978) 'An Imperiled Presidency', *Society* 16(1): 57-64.
- Crossman, R.H. (1993)[1963]: 'Introduction to Walter Bagehot's 'The English Constitution'', in Bagehot, W. *The English Constitution*. Glasgow: Fontana/Collins, pp.10-57.
- Danchev, A. (1998) *On Specialness: Essays in Anglo-American Relations*. Hampshire: Palgrave Macmillan.
- Danchev, A. (2007) Tony Blair's Vietnam: The Iraq War and the 'special relationship' in historical perspective, *Review of International Studies* 33(2):189-203.
- Department of Health (1989) *Working for Patients*. CM555. London: HMSO.
- Department of Health (1991) *Patient's Charter*. London: HMSO.
- Department of Health (1992) *The Health of the Nation - a strategy for health in England*. London: HMSO.
- Department of Health (1992) *The Health of the Nation*. London: HMSO.
- Department of Health (1996) *A Service with Ambitions*. London: HMSO.
- Department of Health (1997) *The New NHS: Modern, Dependable*. London: HMSO.

- Department of Health (1998) *Our Healthier Nation: A Contract for Health*. London: HMSO.
- Department of Health (1999) *Saving Lives: Our Healthier Nation*. London: HMSO.
- Department of Health (2000) *The NHS Plan: A plan for investment, a plan for reform*. London: HMSO.
- Department of Health (2002) *A guide to NHS Foundation Trusts*. London: HMSO.
- Department of Health (2004a) *The NHS Improvement Plan: Putting people at the heart of public services*. London: HMSO.
- Department of Health (2004b) *Choosing Health: Making Healthy Choice Easier*. London: HMSO.
- Department of Health (2005a) *Health Reform in England: Update and next steps*. London: HMSO.
- Department of Health (2005b) *Tackling Health Inequalities: Status Report on the Programme for Action*. London: HMSO.
- Dickinson, M.J. (1996) *Bitter Harvest: FDR, Presidential Power and the Growth of the Presidential Branch*. Cambridge: Cambridge University Press.
- Dobson, A.P. (1995) *Anglo-American Relations in the twentieth century: of friendship, conflict and the rise and decline of superpowers*. London: Routledge.
- Dobson A., and Marsh S. (2014) Anglo-American Relations: End of a Special Relationship?, *The International History Review* 36(4): 673-697.
- Donelan, K., Blendon, R. J., Schoen, C., Davis, K., and Binns, K. (1999) 'The cost of health system change: public discontent in five nations', *Health Affairs* 18(3): 206-216.
- Dorey, P. (1999a) 'The Blairite Betrayal: New Labour and the Trade Unions', in Taylor G.R. (ed.) *The Impact of New Labour*. Basingstoke: Macmillan.
- Dorey, P. (1999b) 'Despair and Disillusion Abound: the Major Premiership in Perspective', In Dorey P. (ed.) *The Major Premiership: Politics and Policies under John Major, 1990-1997*. Basingstoke: Palgrave, pp.218-249.
- Dowding, K. (2013) 'The prime ministerialisation of the British Prime Minister', *Parliamentary Affairs* 66(3): 617-635.
- Driver, S., and Martell, L. (1998) *New Labour: Politics After Thatcherism*. Cambridge: Polity Press.
- Driver, S., and Martell, L. (2002) *Blair's Britain*. Cambridge: Polity Press.
- Driver S., and Martell, L. (2006) *New Labour*. Cambridge: Polity Press.
- Dumbrell, J. (2004) The US-UK 'Special Relationship' in a world twice transformed, *Cambridge Review of International Relations* 17(3):437-450.
- Dumbrell J. (2006) *A Special Relationship: Anglo-American Relations from the Cold War to Iraq*. Hampshire: Palgrave Macmillan.

Dumbrell, J. (2009) The US-UK special relationship: Taking the 21st-century temperature, *The British Journal of Politics and International Relations* 11(1):64-78.

Eckstein, H. (1975) "Case study and theory in political science" in Greenstein, F.I., and Polsby, N.W. (eds.) *Strategies of Inquiry, Handbook of Political Science, Vol. 7*. Reading, MA: Addison-Wesley, pp.79-138.

Edwards, G.C., and Wood, B.D. (1999) 'Who Influences Whom: The President, Congress and the Media', *American Political Science Review* 93(2): 327-344.

Edwards, G.C., and Wayne, S.J. (2006) *Presidential Leadership: Politics and Policy Making*. 8th ed. Stamford, CT: Cengage Learning.

Edwards, G.C., and Wayne, S.J. (2014) *Presidential Leadership: Politics and Policy Making*. 9th ed. Stamford, CT: Cengage Learning.

Edwards, G.C. (2000) 'Neustadt's Power Approach to the Presidency', in R.Y. Shapiro, R.Y., Joynt Kumar M., and L.R. Jacobs L.R. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press.

Edwards, George C. (2009) *The Strategic President: Persuasion and Opportunity in Presidential Leadership*. Princeton, N.J.: Princeton University Press.

Epstein, D., and O'Halloran S. (2000) 'The Institutional Face of Presidential Power: Congressional Delegation of Authority to the President', in R.Y. Shapiro, R.Y., Joynt Kumar M., and L.R. Jacobs L.R. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press, pp.311-338.

Evans, P.B., Rueschmeyer, D. and Skocpol T. (1985) (eds.) *Bringing the State Back In*. Cambridge: Cambridge University Press.

Evans, R. G. (1997) 'Going for the gold: the redistributive agenda behind market-based health care reform', *Journal of Health Politics, Policy and Law* 22(2): 427-465.

Exworthy, M., Powell, M., and Mohan, J. (1999) 'Markets, bureaucracy and public management: the NHS: quasi-market, quasi-hierarchy and quasi-network?', *Public Money and Management* 19(4): 15-22.

Exworthy, M., and Freeman, R. (2009) 'The United Kingdom Health Policy Learning in the National Health Service', in Marmor, T.R., Freeman, R. and Okma, K.G.H. (eds.) *Comparative Studies and the Politics of Modern Medical Care*. New Haven: Yale University Press, pp.153-179.

Farrar, S., Deokhee, Y., and Boyle S. (2011) 'Payment by Results', in Mays, N., Dixon, A. and Jones, L. (eds.) *Understanding New Labour's Market Reforms of the English NHS*. London: Kings Fund, pp.66-77.

Feinstein, C.H. (1997) 'The end of Empire and the Golden Age', in Clarke, P. and Trebilcock C. (eds.) *Understanding Decline: Perceptions and Realities of British Economic Performance* Cambridge: Cambridge University Press, pp.212-233.

Ferlie, E. B., and Shortell, S. M. (2001) 'Improving the quality of health care in the United Kingdom and the United States: a framework for change', *Milbank Quarterly*, 79(2): 281-315.

Finer, S.E. (1975) (ed.) *Adversary Politics and Electoral Reform*. London: Anthony Wigram.

- Finlayson, A. (1999). 'Third Way Theory', *The Political Quarterly*, 70(3): 271-279.
- Finlayson, A. (2013) 'Ideology and Political Rhetoric', in Freedon, M. Tower Sargent, L. and Stears, M. (eds.) *The Oxford Handbook of Political Ideologies*. Oxford: Oxford University Press, pp.197-213.
- Fisher, P. (2010) 'Contract With America', in Chapman R. (ed.) *Culture Wars: An Encyclopedia of Issues, Viewpoints and Voices*. Armonk, N.Y.: M.E. Sharpe, p.118. Available from: http://ezphost.dur.ac.uk/login?url=http://search.credoreference.com/content/entry/sharpecw/contract_with_america/0 (Accessed 6 January 2016).
- Flyvbjerg, B. (2006) Five Misunderstandings about Case-Study Research, *Qualitative Inquiry* 12(2):219-245.
- Flyvbjerg, B. (2011) "Case Study" in Denzin, N.K., and Lincoln, Y.S. (eds.) *The SAGE Handbook of Qualitative Research* 4th ed. Thousand Oaks, CA: Sage, pp.301-316.
- Foley, M. (1993) *The Rise of the British Presidency*. Manchester: Manchester University Press.
- Foley, M. (2000) *The British Presidency: Tony Blair and the Politics of Public Leadership*. Manchester: Manchester University Press.
- Foley, M. (2002) *John Major, Tony Blair and a conflict of leadership: Collision course*. Manchester: Manchester University Press.
- Foley, M. (2004) 'Presidential Attribution as an Agency of Prime Ministerial Critique in a Parliamentary Democracy: The Case of Tony Blair', *British Journal of Politics and International Relations*, 6(3): 292–311.
- Foley, M. (2008) 'The Presidential Dynamics of Leadership Decline in Contemporary British Politics: The Illustrative Case of Tony Blair', *Contemporary Politics* 14(1): 52–69.
- Fox, D.M. (1993) *Power and Illness: The Failure and Future of American Health Policy*. Berkley, LA: University of California Press.
- Freedon, M. (1996) *Ideologies and Political Theory: A Conceptual Approach*. Oxford: Clarendon.
- Freedon, M. (1999) 'The Ideology of New Labour', *The Political Quarterly* 70(1): 42-51.
- Freedon, M. (2003a) *Ideology: A Very Short Introduction*. Oxford: Oxford University Press.
- Freedon, M. (2003b) 'The Ideology of New Labour', in Heffernan R., and Chadwick A. (eds.) *The New Labour Reader*. Cambridge: Polity Press.
- Freedon, M. (2005) 'What should the "political" in political theory explore?', *Journal of Political Philosophy*, 13(2): 113-34.
- Gabbay, J. (1992) 'The Health of the Nation: Seize the Opportunity', *British Medical Journal* 305: 129-130.
- Gaffikin, F., and Morrissey, M. (1990) *Northern Ireland: The Thatcher Years*. London and New Jersey: Zed Books Ltd.

- Gamble, A. (1994a) *Britain in Decline: Economic Policy, Political Strategy and the British State*. 4th ed. Basingstoke: Macmillan.
- Gamble, A. (1994b) *The Free Economy and the Strong State: The Politics of Thatcherism*. 2nd ed. Basingstoke: Palgrave.
- Gamble, A. (1998) 'After the Watershed, The Conservative Eclipse', in Coddington A., and Perryman, M. (eds.) *The Moderniser's Dilemma: Radical Politics in the Age of Blair*. London: Lawrence and Wishart.
- Garland, S. 'Health Care, Finally, A Pulse at the White House,' *Business Week*, 20 January 1992. Available from: <http://www.businessweek.com/stories/1992-01-19/health-care-finally-a-pulse-at-the-white-house> (Accessed 23 July 2014).
- Gerring, J. (2007) "The Case Study: What it is and What it Does" in Boix, C., and Stokes, S. C. (eds.) *The Oxford Handbook of Comparative Politics*. Oxford: Oxford University Press, pp.90-122.
- Giaimo, S. (2002) *Markets and Medicine: The Politics of Health Care Reform in Britain, Germany and the United States*. Ann Arbor: University of Michigan Press.
- Giaimo, S., and Manow, P. (1999) 'Adapting the Welfare State The Case of Health Care Reform in Britain, Germany, and the United States', *Comparative Political Studies*, 32(8): 967-1000.
- Glennerster, H. (1994) 'Health and Social Policy', in *The Major Effect*, Kavanagh, D. and Seldon, A. (eds.) London and Basingstoke: Macmillan (Papermac), pp.318-331.
- Glennerster H. (2001) 'Social Policy', in Seldon, A. (ed.) *The Blair Effect: The Blair Government 1997-2001*. London: Little, Brown and Company, pp.383-403.
- Giddens, A. (1994) *Beyond Left and Right*. Cambridge: Polity Press.
- Giddens, A. (1998) *The Third Way: The Renewal of Social Democracy*. Cambridge: Polity Press.
- Giddens, A. (2000) *The Third Way and its Critics*. Cambridge; Malden, MA: Polity Press.
- Goddard, M., and Mannion R. (1998) 'From Competition to Co-operation: New Economic Relationships in the National Health Service', *Health Economics* 7(2): 105-119.
- Gould P. (2011) *The Unfinished Revolution: how the Modernisers Saved the Labour Party*. London: Abacus.
- Greener, I. (2002) 'Understanding NHS reform: the policy-transfer, social learning, and path-dependency perspectives', *Governance* 15(2): 161-84.
- Greener, I. (2003) 'Who choosing what? The evolution of "choice" in the NHS, and its implications for New Labour', *Social Policy Review* 15: 49-68.
- Greener, I. (2004) 'The three moments of New Labour's health policy discourse', *Policy and Politics* 32(3): 303-316.
- Greenstein, F. I. (1988) (ed.) *Leadership in the Modern Presidency*. USA: President and Fellows of Harvard College.

- Greenstein, F.I. (2000) *The Presidential Difference: Leadership Styles from FDR to George W. Bush*. Princeton, N.J.: Princeton University Press.
- Groover, W.F. (1989) *The President as Prisoner: A Structural Critique of the Carter and Reagan Years*. Albany: State University of New York Press.
- Groth, A. (1970) 'Britain and America: Some Requisites of Leadership Compared', *Political Science Quarterly* 85(2): 217-239.
- Gunnell, J.G. (2000) 'Richard Neustadt in the History of American Political Science', in R.Y. Shapiro, R.Y., Joynt Kumar M., and L.R. Jacobs L.R. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press, pp.16-27.
- Hacker, J.S. (1997a) *The Road to Nowhere: The Genesis of President Clinton's Plan for Health Security*. Princeton, N.J.: Princeton University Press.
- Hacker, J. S. (1997b) 'Market-driven health care: who wins, who loses in the transformation of America's largest service industry', *Journal of Health Politics, Policy and Law* 22(6): 1443-1448.
- Hacker, J.S. (1998) 'The Historical Logic of National Health Insurance: Structure and Sequence in the Development of British, Canadian and U.S. Medical Policy', *Studies in American Political Development* 12 (Spring 1998): 57-130.
- Hacker, J. S. (2001) 'Learning from defeat? Political analysis and the failure of health care reform in the United States', *British Journal of Political Science* 31(1): 61-94.
- Hacker, J. S. (2002) *The divided welfare state: The battle over public and private social benefits in the United States*. Cambridge: Cambridge University Press.
- Hacker, J.S. (2004a) 'Dismantling the Health Care State? Political Institutions, Public Policies and the Comparative Politics of Health Care Reform', *British Journal of Political Science*, 34(4): 693-724.
- Hacker, J.S. (2004b) 'Reform Without Change, Change Without Reform: The Politics of U.S. Health Policy Reform in Cross-National Perspective', in Levin, M.A. and Shapiro M. (eds.) *Transatlantic Policymaking in an Age of Austerity: Diversity and Drift*. Washington D.C.: Georgetown University Press.
- Hacker, J. S. (2004c) 'Privatizing risk without privatizing the welfare state: The hidden politics of social policy retrenchment in the United States. *American Political Science Review* 98(2): 243-260.
- Hacker, J.S., and Pierson, P. (2012) 'Presidents and the Political Economy: The Coalitional Foundations of Presidential Power', *Presidential Studies Quarterly* 42(1): 101-131.
- Hale, S., Legget, W. and Martell L. (2004) *The Third Way and Beyond: Criticisms, futures and alternatives*. Manchester: Manchester University Press.
- Hall, S. (1979) 'The Great Moving Right Show', *Marxism Today* 14-20.
- Hall S., and Jacques, M. (1983) (eds.) *The Politics of Thatcherism*. London: Lawrence and Wishart.
- Hall, P. A. (1989) (ed.) *The political power of economic ideas: Keynesianism across nations*. Princeton, N.J.: Princeton University Press.

- Hall, P.A., and Taylor, R.C.R. (1996) 'Political Science and the Three New Institutionalisms', *Political Studies* 44(5): 936-957.
- Hall, P.A., and Taylor, R.C.R. (1998) 'The Potential of Historical Institutionalism: a Response to Hay and Wincott', *Political Studies* 46(5): 958-962.
- Ham, C. (1999) 'The third way in health care reform: does the emperor have any clothes?', *Journal of Health Services Research and Policy* 4(3): 168-173.
- Ham, C. (2009) *Health Policy in Britain*. 6th ed. Basingstoke, Hampshire: Palgrave Macmillan.
- Hansen, O., Blendon, R.J., Brodie, M., Ortman, J., James, M., Norton, C., and Rosenblatt, T. 'Lawmakers' Views on the Failure of Health Reform: A Survey of Members of Congress and Staff', *Journal of Health Politics, Policy and Law* 21(1): 137-151.
- Hardin, C.E. (1974) *Presidential Power and Accountability: Toward a New Constitution*. Chicago: University of Chicago Press.
- Hargrove, E.C. (2001) 'The presidency and the prime ministership as institutions: an American perspective', *The British Journal of Politics and International Relations* 3(1): 49-70.
- Hargrove, E.C., and Nelson M. (1984) *Presidents, Politics and Policy*. New York: Knopf.
- Harris, J. (1990) "Society and the state in twentieth century Britain" in Thompson, F.M.L (ed.) *The Cambridge Social History of Britain 1750-1950, Volume 3: Social Agencies and Institutions* Cambridge: Cambridge University Press, pp.63-117.
- Harris, D.B. (1997) 'Dwight Eisenhower and the New Deal: The politics of preemption', *Presidential Studies Quarterly* 27(2): 333-342.
- Harris, M. (1999) 'New Labour: government and opposition', *The Political Quarterly* 70(1): 52-61.
- Harrison, S. (2002) 'New Labour, Modernisation and the Medical Labour Process', *Journal of Social Policy* 31(3): 465-485.
- Harrison, S., Moran, M., and Wood, B. (2002) 'Policy emergence and policy convergence: the case of 'scientific-bureaucratic medicine' in the United States and United Kingdom', *The British Journal of Politics and International Relations*, 4(1): 1-24.
- Hart, J. (1991) 'President and Prime Minister: Convergence or Divergence?', *Parliamentary Affairs* 44(2): 208-225.
- Hay, C. (1997) 'Blaijorism: Towards a One-Vision Polity?', *The Political Quarterly* 68(4): 372-378.
- Hay, C. (1999) *The Political Economy of New Labour: Labouring under False Pretences?* Manchester: Manchester University Press.
- Hay, C., and Wincott D. (1998) 'Structure, Agency and Historical Institutionalism', *Political Studies* 46(5): 951-957.
- Heffernan, R. (2001) *New Labour and Thatcherism: Political Change in Britain*. London: Macmillan.

- Heffernan, R. (2003) 'Prime Ministerial Predominance? Core Executive Politics in the UK', *British Journal of Politics and International Relations* 5(3): 347-72.
- Heffernan, R. and Webb, P. (2005) 'The British Prime Minister: Much More Than "First Among Equals"', in Poguntke, T., and Webb, P. (eds.) *The Presidentialization of Politics: A Comparative Study of Modern Democracies*. Oxford, Oxford University Press, pp. 26-62.
- Heffernan, R. and Webb P. (2005) (eds.) *The Presidentialization of Politics: A Comparative Study of Modern Democracies*. Oxford, Oxford University.
- Heclo, H. (1995) 'The Clinton Plan: Historical Perspective', *Health Affairs* 14(1): 86-98.
- Helms, L. (2005) 'The Presidentialisation of Political Leadership: British Notions and German Observations', *The Political Quarterly* 76(3): 430-438.
- Hickson, K. (2004) 'The Postwar Consensus Revisited', *The Political Quarterly* 75(2): 142-154.
- Hoekstra, D.J. (1999a) 'The Politics of Politics: Skowronek and Presidential Research', *Presidential Studies Quarterly* 29(3): 657-671.
- Hoekstra, D.J. (1999b) 'Comments on Theory and History, Structure and Agency', *Presidential Studies Quarterly* 29(3): 682-684.
- Holtzman, R. (2009) 'Book Review: Presidential Leadership in Political Time: Reprise and Reappraisal', *Political Science Quarterly* 124(2): 341-342.
- Hoffman, B. (2012) *Health Care for Some: Rights and Rationing in the United States since 1930*. Chicago and London: University of Chicago Press.
- Holloway R.L. (1996) 'The Clintons and the Health Care Crisis: Opportunity Lost, Promise Unfulfilled', in Denton, R.E. and Holloway R.L. (eds.) *The Clinton Presidency: Images, Issues, and Communication Strategies*. Westport, CT: Praeger, pp. 159-187.
- Howell, W.G. (2003) *Power Without Persuasion*. Princeton, N.J.: Princeton University Press.
- Hughes, K., and Smith E. (2003) 'New Labour – New Europe?', in Heffernan R., and Chadwick A. (eds.) *The New Labour Reader*. Cambridge: Polity Press, pp.231-236.
- Hunter, D.J., Fulop, N., and Warner, M. (2000) 'From "Health of the Nation" to "Our Healthier Nation"', *World Health Organisation (Policy Curve Learning Series)* 2: 1-31.
- Hunter, D.J. (2008) *The Health Debate*. Bristol: The Policy Press.
- Hurley, J., and Morgan S. (2004) 'US Medicare reform: why drug companies and private insurers are smiling', *Canadian Medical Association Journal* 170(4): 461-462.
- Iglehart, J.K. (2004) 'The New Medicare Prescription-Drug Benefit – A Pure Power Play', *The New England Journal of Medicine* 350(8): 826-833.
- Immergut, E. (1990) 'Institutions, Veto Points, and Policy Results: A Comparative Analysis of Health Care', *Journal of Public Policy* 10(4): 391-416.

- Immergut, E. (1992) *Health Politics: Interests and Institutions in Western Europe*. Cambridge: Cambridge University Press.
- Institute for Fiscal Studies/Nuffield Trust (2012) 'A History of NHS spending in the UK' in Crawford, R., and Emmerson, C. *NHS and social care funding 2021/22*. London: Nuffield Trust.
- Jacobs, L.R. (1993) *The Health of Nations: Public Opinion and the Making of American and British Health Policy*. Ithaca, N.Y.: Cornell University Press.
- Jaenicke, D., and Waddan, A. (2006) 'President Bush and Social Policy: The Strange Case of the Medicare Prescription Drug Benefit', *Political Science Quarterly* 121(2): 217-240.
- Jenkins, R. (1994) 'The Health of the Nation: Recent government policy and legislation', *Psychiatric Bulletin* 18: 324-327.
- Jessop, B., Bonnett, K., Bromley, S., and Ling, T. (1988) *Thatcherism: A Tale of Two Nations*. Cambridge: Polity Press.
- Jones, B. (1989) "The Thatcher Style" in Jones, B. (ed.), *Political Issues in Britain Today*, 3rd ed. Manchester: Manchester University Press, p.17.
- Jones, G.W. (1964) 'The Prime Minister's Power', *Parliamentary Affairs* 18(2): 167-185.
- Jones, G. (1990) 'Mrs Thatcher and the power of the PM' *Contemporary Record* 3(4): 2-6.
- Jones, H. (1996) 'The Postwar Consensus in Britain: Thesis, Antithesis, Synthesis?', in Brivati, B., Buxton J. and Seldon A. (eds.) *History Handbook*. Manchester: Manchester University Press, 1996, pp.41-49.
- Jones, H., and Kandiah, M. (1996) (eds.) *The Myth of Consensus: new views on British history 1945-64*. Basingstoke: Macmillan.
- Jones, N. (1995) *Soundbites and Spindoctors*. London: Cassell.
- Jones, N. (1997) *Campaign 1997: How the General Election was Won and Lost*. London: Indigo.
- Jones, C.O. (1994) *The Presidency in a Separated System*. Washington D.C.: Brookings Institution.
- Jost, T.S. (2005) 'The Most Important Health Care Legislation of the Millennium (So Far): The Medicare Modernization Act', *Yale Journal of Health Policy Law and Ethics* 5(1): 437-449.
- Katznelson, I., and Zolberg, A.R. (1986) (eds.) *Working-Class Formation: Nineteenth Century Patterns in Western Europe and the United States*. Princeton, New Jersey: Princeton University Press.
- Kavanagh, D. (1990) *Thatcherism and British Politics: The End of Consensus?* 2nd ed. Oxford: Oxford University Press.
- Kavanagh, D. (1992) 'The Postwar Consensus', *Twentieth Century British History* 3(2): 175-190.
- Kavanagh, D. (1994) 'A Major Agenda?', In Kavanagh D., and Seldon A. (eds.) *The Major Effect*. London: Macmillan, pp.3-17.
- Kavanagh, D. (2009) 'John Major's Political Legacy', *Observatoire de la Société Britannique* 7: 27-35.

- Kavanagh, D., and Morris P. (1994) *Consensus Politics: From Attlee to Major*. 2nd ed. Oxford: Blackwell.
- Kavanagh, D., and Seldon, A. (2000) *The Powers Behind the Prime Minister: The Hidden Influence of Number Ten*. London: HarperCollins.
- Kefford, G. (2013) 'The Presidentialisation of Australian Politics? Kevin Rudd's Leadership of the Australian Labor Party', *Australian Journal of Political Science* 48(2): 135-146.
- Kernell, S. (2007) *Going Public: New Strategies of Presidential Leadership*. 4th ed. Washington, D.C.: CQ Press.
- Kerrey, R. (1991) 'Why America Will Adopt Comprehensive Health Care Reform', *The American Prospect* 2(6): 81-90.
- King, D., and Wickham-Jones, M. (1999) From Clinton to Blair: The Democratic (Party) Origins of Welfare to Work, *The Political Quarterly*, 70(1): 62-74.
- Klein, R. (1993) 'The Goals of Health Care Policy: Church or Garage', in Harrison, A. (ed.) *Health Care UK 1992/93*. London: King's Fund, pp.136-140.
- Klein, R. (1995) 'Labour's health policy', *British Medical Journal* 311: 75-76.
- Klein, R. (1998) 'Why Britain is reorganising its National Health Service – yet again', *Health Affairs* 17(4): 111-125.
- Klein, R. (2010) *The New Politics of the NHS: from creation to reinvention*. 6th ed. Oxford: Radcliffe Publishing.
- Klein, R. (2012) 'From Church to Garage', in Marmor, T. R., and Klein, R. (eds.) *Politics, Health, and Health Care: Selected Essays*. New Haven: Yale University Press, pp.89-100.
- Koestler, A. (1964) *Suicide of a Nation*. New York: Macmillan.
- Kristol, W. (1993) 'Project for the Republican Future' memo to "Republican Leaders," December 2. Available from: http://delong.typepad.com/egregious_moderation/2009/03/william-kristol-defeating-president-clintons-health-care-proposal.html (Accessed: 12 August 2014).
- Labour Party (1997) *New Labour because Britain deserves better*. Labour Party: London.
- Labour Party (2001) *Ambitions for Britain*. Labour Party: London.
- Labour Party (2005) *Britain Forward, Not Back*. Labour Party: London.
- Lacayo, R. (1994) 'Checking Out: With Hope Vanished for Universal Health Care, Bill Clinton Will Settle for Less. But How Much Less?', *Time*, September 5, 40-41.
- Laham, N. (1996) *A lost cause: Bill Clinton's campaign for national health insurance*. Greenwood Publishing Group.
- Le Grand, J. (1998) 'The Third Way begins with CORA', *New Statesman* 127(4375): 26-27.

- Le Grand, J. (1999). 'Competition, cooperation, or control? Tales from the British National Health Service', *Health affairs* 18(3): 27-39.
- Lieberman, R.C. (2000) "Political Time and Policy Coalitions: Structure and Agency in Presidential Power", in Shapiro, R.Y., Joynt Kumar M. and Jacobs R.L. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press, pp.274-310.
- Lieberman, R.C. (2005) *Shaping Race Policy: The United States in Comparative Perspective*. Princeton, New Jersey: Princeton University Press.
- Light, D.W. (2003) 'Universal Health Care: Lessons From the British Experience', *American Journal of Public Health* 93(1): 25-30.
- Lijphart, A. (1971) 'Comparative politics and the comparative method', *The American Political Science Review*, 65(3): 682-693.
- Lijphart, A. (1975) 'II. The comparable-cases strategy in comparative research,' *Comparative Political Studies*, 8(2): 158-177.
- Louis, W.R., and Bull, H. (1986) *The Special Relationship: Anglo-American Relations since 1945*. Oxford: Oxford University Press.
- Lowi, T.J. (1985) *The Personal President: Power Invested, Promise Unfulfilled*. Ithaca: Cornell University Press.
- Lukes, S. (2003) 'The Last Word on the Third Way', in Lukes S. (ed.) *Liberals and Cannibals: the implications of diversity*. London: Verso, pp. 171-173.
- Mackintosh, J.P. (1962) *The British Cabinet*. London: Stevens.
- Mahoney, J., and Thelen, K. (2010) (eds.) *Explaining Institutional Change: Ambiguity, Agency and Power*. Cambridge: Cambridge University Press.
- Mainous, A. G., Baker, R., Love, M. M., Gray, D. P., and Gill, J. M. (2001) 'Continuity of care and trust in one's physician: evidence from primary care in the United States and the United Kingdom', *Family Medicine* 33(1): 22-27.
- Maioni, A. (1997) 'Parting at the Crossroads: The Development of Health Insurance in Canada and the United States, 1940-1965', *Comparative Politics* 29(4): 411-443.
- Major, J. (1999) *The Autobiography*. London: HarperCollins.
- Marquand, D. (1988) *The Unprincipled Society*. London: Cape.
- Marmor, T.R. (2012) 'American Health Care Policy and Politics: The Promise and Perils of Reform' in Marmor T.R. and Klein, R. (eds.) *Politics, Health and Health Care: Selected Essays*. New Haven: Yale University Press, pp. 37-52.
- Marmor, T.R, Bridges, A., and Hoffman, W.L (1983) 'Comparative Politics and Health Policies: notes on benefits, costs, limits', in Marmor T.R. (ed.) *Political Analysis and American Medical Care: Essays*. Cambridge: Cambridge University Press, pp.45-58.

- Marmor, T.R., and Hacker, J.S. (2004) 'Medicare Reform and Social Insurance: The Clashes of 2003 and Their Potential Fallout', *Yale Journal of Health Policy Law and Ethics* 5(1): 475-489.
- Marmor, T. R., and Mashaw, J. L. (2006) 'Understanding social insurance: fairness, affordability, and the 'modernization' of Social Security and Medicare', *Health Affairs* 25(3): w114-w134.
- Marmor, T.R., Freeman, R., and Okma, K.G.H. (2009) (eds.) *Comparative Studies and the Politics of Modern Medical Care*. New Haven: Yale University Press.
- Marmor, T.R., and Klein, R. (2012) *Politics, Health, and Health Care: Selected Essays*. New Haven: Yale University Press.
- Marshall, M. N., Shekelle, P. G., Davies, H. T., and Smith, P. C. (2003) 'Public reporting on quality in the United States and the United Kingdom', *Health Affairs* 22(3): 134-148.
- Martell, L. (2004) 'Introduction', in Hale S., Leggett W. and Martell L. (eds.) *The Third Way and beyond: criticisms, futures and alternatives*. Manchester: Manchester University Press, pp.3-8.
- Maryon-Davis, A. (2013) 'Public sees NHS as symbol of nation and anniversary to celebrate', in British Future, *State of the Nation 2013: Where is Bittersweet Britain heading?* London: British Future, pp. 16-17.
- Mattinson, D. (2015) 'What voters thought of the performers in the seven-way leaders' debate,' *The Guardian*, April 2, 2015. Available from: <http://www.theguardian.com/politics/2015/apr/02/what-voters-thought-of-the-performers-in-the-seven-way-leaders-debate> (Accessed 11 May 2015).
- Mays, N., Dixon, A., and Jones, L. (eds.) (2011) *Understanding New Labour's Market-based Reforms of the NHS*. London: Kings Fund.
- Mays, N. and Dixon, A. 'Assessing and explaining the impact of New Labour's market reforms', in Mays, N., Dixon, A. and Jones, L. (eds.) *Understanding New Labour's Market Reforms of the English NHS*. London: Kings Fund, pp.124-142.
- Mays, N., Dixon A. and Jones L. (2011) 'Return to the market: objectives and evolution of New Labour's market reforms', in Mays, N., Dixon, A. and Jones, L. (eds.) *Understanding New Labour's Market Reforms of the English NHS*. London: Kings Fund, pp.1-15.
- McMurray R. (2007) 'Our Reforms, Our Partnerships, Same Problems: The Chronic Case of the English NHS', *Public Money and Management* 27(1): 77-82.
- Meckstroth, T.W. (1975) 'I. "Most Different Systems" and "Most Similar Systems" A Study in the Logic of Comparative Inquiry', *Comparative Political Studies*, 8(2): 132-157.
- Meese, E. (1983) 'The Institutional Presidency: A View from the White House', *Presidential Studies Quarterly* 13(2): 191-197.
- Mervin, D. (1996) *George Bush and the Guardianship Presidency*. Basingstoke, Hampshire: Macmillan Press.
- Milkis, S. (1995) 'What Politics Do Presidents Make?', *Polity* 27(3): 485-496.

- Miroff, B. (2000) 'Courting the Public: Bill Clinton's Postmodern Education', in Schier, S.E. (ed.) *The Postmodern Presidency: Bill Clinton's Legacy in U.S. Politics*. Pittsburgh: University of Pittsburgh Press, pp.106-123.
- Millward, L. J., and Bryan, K. (2005) 'Clinical leadership in health care: a position statement', *Leadership in Health Services* 18(2): 13-25.
- Moran, M. (1998) 'Explaining the rise of the market in health care', in Ranade W. (ed.) *Markets and Health Care: A Comparative Analysis*. London: Longman, pp. 17-33.
- Moran, M. (1999) *Governing the health care state: A comparative study of the United Kingdom, the United States and Germany*. Manchester: Manchester University Press.
- Morgan, K.J. (2016) 'Comparative Politics and American Political Development', in Vallyelly, R.M., Mettler, S., and Lieberman R.C. (eds.) *The Oxford Handbook of American Political Development*. Oxford: Oxford University Press, pp. 166-184.
- Morone, J.A. (2010) 'Presidents and Health Reform: From Franklin D. Roosevelt to Barack Obama', *Health Affairs* 20(6): 1096-1100.
- Mughan, A. (1993) 'Party leaders and presidentialism in the 1992 British election: a postwar perspective', in Denver, D. et al. (eds.) *British Elections and Parties Yearbook, 1993*. London: Harvester Wheatsheaf, pp.193-204.
- Mughan, A. (2000) *Media and the Presidentialization of Parliamentary Elections*. London: Palgrave.
- Navarro, V. (1994) *The Politics of Health Policy: The US Reforms 1980-1994*. Cambridge, MA: Blackwell.
- Navarro, V. (1995) 'Why Congress Did Not Enact Health Care Reform', *Journal of Health Politics, Policy and Law* 20(2): 455-462.
- Neustadt, Richard E. (1990) *Presidential Power and the Modern Presidents: the politics of leadership from Roosevelt to Reagan*. New York: Free Press.
- Newman, J. (2001) *Modernising Governance: New Labour, Policy and Society*. London: Sage Publications.
- Nichols, C., and Myers, A.S. (2010) 'Exploiting the Opportunity for Reconstructive Leadership: Presidential Responses to Enervated Political Regimes', *American Politics Research* 38(5): 806-841.
- Nichols, C. (2011) 'Review Essay: The Presidency and the Political Order: In Context', *Polity* 43(4): 513-531.
- Norton, P. (ed.) (1996) *The Conservative Party*. Hemel Hempstead: Prentice Hall/Harvester Wheatsheaf.
- Norton, P. (2003) 'The Presidentialisation of British Politics', *Government and Opposition* 38(2): 274-8.
- Oberlander, J. (2003a) 'The Politics of Medicare Reform', *Washington and Lee Law Review* 60(4): 1095-1136.
- Oberlander, J. (2003b) 'Medicare and the Politics of Prescription Drug Pricing', *North Carolina Medical Journal* 64(6): 303-304.

- Oberlander, J. (2007) 'Through the Looking Glass: The Politics of the Medicare Prescription Drug, Improvement and Modernization Act', *Journal of Health Politics, Policy and Law* 32(2): 187-219.
- Oliver, S. (2006) 'Leadership in health care', *Musculoskeletal care*, 4(1): 38-47.
- Oliver, T. R., Lee, P. R., and Lipton, H. L. (2004) 'A political history of Medicare and prescription drug coverage', *Milbank Quarterly* 82(2): 283-354.
- Oliver, T.R. and Lee, P.R. (2009) 'The Medicare Modernization Act: Evolution or Revolution in Social Insurance?', in Rogne L., Estes, C.L., Grossman, B.R., Hollister, B.A., and Solway, E. (eds.) *Social Insurance and Social Justice: Social Security, Medicare, and the Campaign Against Entitlements*. New York: Springer Publishing Company, pp.63-94.
- O'Neill, F. (2000) 'Health: the 'internal market' and reform of the National Health Service', in Dolowitz, D.P., Hulme, R., Nellis, M., O'Neill, F. (eds.) *Policy Transfer and British Social Policy: Learning from the USA?* Buckingham, U.K.: Open University Press, pp.59-76.
- Orren, K. (1995) 'Ideas and Institutions', *Polity* 28(1): 97-101.
- Orren, K., and Skowronek, S. (1995) 'Order and Time in Institutional Study: A Brief for the Historical Approach', in Farr, J., Dryzek, J.S., and Leonard S.T. (eds.) *Political Science in History: Research Programs and Political Traditions*. Cambridge: Cambridge University Press, pp.296-317.
- Orren, K., and Skowronek S. (2002) 'The Study of American Political Development.', in Katznelson I., and Milner, H.V. (eds.) *Political Science: State of the Discipline*. New York: W.W. Norton and Company.
- Orren, K., and Skowronek. S. (2004) *The Search for American Political Development*. Cambridge: Cambridge University Press.
- Parsons, C. (2002) 'Showing Ideas as Causes: The Origins of the European Union', *International Organization*, 56(1):47-84.
- Paton, C. (1998) *Competition and Planning in the NHS*. 2nd ed. Cheltenham: Stanley Thornes.
- Paton, C. (1999) 'New Labour's health policy: the new healthcare state', in Powell, M. (ed.) *New Labour, New Welfare State? The 'third way' in British social policy*. Bristol: The Policy Press, pp.51-75.
- Paton C. (2002) 'Cheques and Checks: New Labour's Record on the NHS', in Powell, M. (ed.) *Evaluating New Labour's Welfare Reforms*. Bristol: The Policy Press, pp.127-143.
- Pattie, J., and Johnston, R. (2011) 'A Tale of Sound and Fury, Signifying Something? The Impact of the Leaders' Debates in the 2010 UK General Election', *Journal of Elections, Public Opinion and Parties* 21(2): 147-177.
- Pearce, M., and Stewart, G. (2002) *British Political History 1867-2001: Democracy and Decline*. 3rd ed. Oxford: Routledge.
- Pearmain, A. (2011) *The Politics of New Labour: A Gramscian Analysis*. London: Lawrence and Wishart.
- Peters, B.G. (2005) *Institutional Theory in Political Science: The 'New' institutionalism*. 2nd ed. London and New York: Continuum.

Peters, B.G., Pierre J., and King, D.S. 'The Politics of Path Dependency: Political Conflict in Historical Institutionalism', *The Journal of Politics* 67(4): 1275-1300.

Peterson, M.A. (2000) "Presidential Power and the Potential for Leadership", in Shapiro, R.Y., Joynt Kumar M. and Jacobs R.L. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press, pp.363-379.

Pfiffner, J.P. (2001) 'President Clinton's Health Care Reform Proposals of 1994', in Abshire, D. (ed.) *Triumphs and Tragedies of the Modern Presidency: Seventy-Six Case Studies in Presidential Leadership*. Westport, CT: Praeger, pp. 69-71.

Pierson, C. (1996) 'Social Policy under Thatcher and Major', in Ludlam, S., and Smith, M.J. (eds.) *Contemporary British Conservatism*. Basingstoke, Hampshire: Macmillan Press.

Pierson, P. (1993) 'When Effect Becomes Cause: Policy Feedback and Political Change', *World Politics* 45(4): 595-628.

Pierson, P. (1994) *Dismantling the Welfare State: Reagan, Thatcher and the Politics of Retrenchment*. Cambridge: Cambridge University Press.

Pierson, P. (2000) 'Increasing Returns, Path Dependence and the Study of Politics', *The American Political Science Review* 94(2): 251-267.

Pierson, P. (2004) *Politics in Time: History, Institutions and Social Analysis*. Princeton, N.J.: Princeton University Press.

Pierson, P. (2007) 'The Costs of Marginalization: Qualitative Methods in the Study of American Politics' *Comparative Political Studies* 40(2): 145-169.

Pitney Jr., J.R. (1994) 'Republican Elites under Reagan and Bush', in Adonis A., and Hames, T. (eds.) *A Conservative Revolution: The Thatcher-Reagan Decade in Perspective*. Manchester: Manchester University Press, pp.168-189.

Plotke, D. (1996) *Building a Democratic Political Order: Reshaping American Liberalism in the 1930s and 1940s*. Cambridge and New York: Cambridge University Press.

Poguntke, T., and Webb, P. (2005) (eds.) *The Presidentialization of Politics: A Comparative Study of Modern Democracies*. Oxford: Oxford University Press.

Powell, M. (1998) 'Great Expectations? New Labour and the 'new' National Health Service', *Critical Public Health* 8(2): 167-173.

Powell, M. (1999a) 'Introduction', in Powell, M. (ed.) *New Labour, New Welfare State? The 'third way' in British social policy*. Bristol: The Policy Press, pp.1-25

Powell, M. (1999b) 'New Labour and the Third Way in the British National Health Service', *Journal of Health Services* 29(2): 353-370.

Propper, C. and Dixon, J. (2011) 'Competition between hospitals', in Mays, N., Dixon, A. and Jones, L. (eds.) *Understanding New Labour's Market Reforms of the English NHS*. London: Kings Fund, pp.78-88.

- Pugh, M. (2008) *State and Society: A Social and Political History of Britain since 1870*. 3rd ed. London: Bloomsbury Academic.
- Quadagno, J. (2005) *One nation, uninsured: Why the US has no national health insurance*. New York: Oxford University Press.
- Quadagno, J. (2010) 'Institutions, Interest Groups, and Ideology: An Agenda for the Sociology of Health Care Reform', *Journal of Health and Social Behavior*, 51(2): 125-136.
- Ranade, W. (1997) *A Future for the NHS? Health Care for the Millennium*. London and New York: Longman.
- Rathbun, B.C. (2008) 'Interviewing and Qualitative Field Methods: Pragmatism and Practicalities', in Box-Steffensmeier, J.M., Brady, H.E. and Collier D. (eds.) *Political Methodology*. Oxford: Oxford University Press, pp.685-701.
- Reedy, G.E. (1970) *Twilight of the Presidency*. Cleveland: World Publishing Co.
- Rentoul, J. (1995) *Tony Blair*. London: Little Brown.
- Rentoul, J. (2001) *Tony Blair: Prime Minister*. London: Warner.
- Reynolds, D. (1985) A 'special relationship'? America, Britain and the international order since the Second World War, *International Affairs* 62(1): 1-20.
- Richards, P. (1998) 'The Permenant Revolution of New Labour', in Coddington A., and Perryman, M. (eds.) *The Moderniser's Dilemma: Radical Politics in the Age of Blair*. London: Lawrence and Wishart, pp.32-46.
- Riddell, P. (2003) *Hug Them Close: Blair, Clinton, Bush and the 'Special Relationship'*. London: Politico.
- Riley, R.L. (2000) 'The Limits of the Transformational Presidency', in Shapiro, R.Y., Joynt Kumar M., and Jacobs L.R. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press, pp.435-455.
- Robb, T.K. (2017) *Jimmy Carter and the Anglo-American 'Special Relationship'*. Edinburgh: Edinburgh University Press.
- Romano, F. (2006a) *Clinton and Blair: the political economy of the third way*. London: Routledge.
- Romano, F. (2006b) "Clinton and Blair: The Economics of the Third Way", *Journal of Economic and Social Policy* 10(2): 1-13.
- Rose, R. (1991) *The Postmodern President: George Bush Meets the World*. 2nd ed. Chatham: Chatham House.
- Rose, R. (1998) 'Prime Ministers and Presidents', *Society* 25(3): 61-67.
- Rossbach, N.H. (2009) *Heath, Nixon and the Rebirth of the Special Relationship: Britain the US and the EC, 1969-74*. Hampshire: Palgrave Macmillan.
- Rossiter, C.L. (1960) *The American Presidency*. 2nd ed. London: Hart-Davis.

- Rubin, A.J., and Hook, J. (1993) 'Clinton Sets Health Agenda: Security for Everyone', *Congressional Quarterly*, September 25, 2,551-59.
- Rubin, H.J., and Rubin, I.S. (1995) *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks, California: Sage.
- Rubinstein, W.D. (2003) *Twentieth-Century Britain: A Political History*. Basingstoke: Palgrave Macmillan.
- Rudalevige, A. (2002) *Managing the President's Program: Presidential Leadership and Legislative Policy Formulation*. Princeton, N.J.: Princeton University Press.
- Rudalevige, A. (2005) *The New Imperial Presidency: Renewing Presidential Power after Watergate*. Ann Arbor: University of Michigan Press.
- Ruggie, M. (1996) *Realignments in the Welfare State: Health Policy in United States, Britain and Canada*. New York: Columbia University Press, 1996.
- Ruggie, M. (1999) 'The US, UK and Canada: convergence or divergent reform practices', in Drache, D. and Sullivan T. (eds.) *Market Limits in Health Reform: Public Success, Private Failure*. London and New York: Routledge, pp.127-144.
- Sanders, E. (2006) 'Historical Institutionalism', in Rhodes, R.A.W., Binder, S.A., and Rockman, B.A. (eds.) *The Oxford Handbook of Political Institutions*. Oxford: Oxford: University Press, pp.39-55.
- Shaw, E. (2007) *Losing Labour's Soul? New Labour and the Blair Government 1997-2007*. London: Routledge.
- Savage, S.P., and Atkinson, R. (2001) 'Introduction: New Labour and 'Blairism'', in Savage S.P., and Atkinson, R. (eds.) *Public Policy Under Blair*. Basingstoke: Palgrave, pp.1-15.
- Schlesinger, Jr. A.M. (1973) *The Imperial Presidency*. Boston, Houghton Mifflin Co.
- Schwandt, T.A., and Gates E.F. (2018) 'Case Study Methodology', in Denzin, N.K., and Lincoln, Y.S. (eds.) *The SAGE Handbook of Qualitative Research* 5th ed. Thousand Oaks, CA: Sage, pp.341-358.
- Seldon, A. (1994) 'Consensus: A Debate Too Long?', *Parliamentary Affairs* 47(4): 501-514.
- Seawright, J., and Gerring, J. (2008) 'Case Selection Techniques in Case Study Research A Menu of Qualitative and Quantitative Options', *Political Research Quarterly* 61(2): 294-308.
- Sharp, J.M. (2004) Tony Blair, Iraq and the special relationship: Poodle or Partner?, *International Journal* 59(1):59-86.
- Shogan, C. (2003) 'Rhetorical moralism in the plebiscitary presidency: New speech forms and their ideological entailments,' *Studies in American Political Development* 17(2): 149-167.
- Simons, H. (2009) *Case Study Research in Practice*. London: SAGE.
- Skidelsky, R. (1996) 'The Fall of Keynesianism', in Marquand D., and Seldon A. (eds.) *The Ideas that shaped Postwar Britain*. London: Fontana Press, pp.41-66.

Skocpol, T. (1985) 'Bringing the State Back In: Strategies of Analysis in Current Research', in Evans, P.B, Rueschmeyer D. and Skocpol T. (eds.) *Bringing the State Back In*. Cambridge: Cambridge University Press, pp.3-37.

Skocpol, T. (1992) *Protecting soldiers and mothers*. Cambridge, MA: Belknap Press of Harvard University Press.

Skocpol, T. (1995) 'The Rise and Resounding Demise of the Clinton Plan', *Health Affairs* 14(1): 66-85.

Skocpol, T. (1996) *Boomerang: Clinton's Health Security Effort and the Turn against Government in U.S. Politics*. London and New York: W.W. Norton and Company.

Skocpol, T. (2004) 'A Bad Senior Moment', *The American Prospect* 15(1): 26-29.

Skowronek, S. (1986) 'Notes on the Presidency in Political Order', *Studies in American Political Development* 1: 286-302.

Skowronek, S. (1993) *The Politics Presidents Make: Leadership from John Adams to Bill Clinton*. Cambridge, MA: Harvard University Press.

Skowronek, S. (1995a) 'Order and Change', *Polity* 28(1): 91-96.

Skowronek, S. (1995b) "[Milakis, Arnold and Young]: Response]." *Polity* 27(3): 517-534

Skowronek, S. (1996) 'The risks of "third way" politics', *Society* 33(6): 32-36.

Skowronek, S. (1999) 'Theory and History, Structure and Agency', *Presidential Studies Quarterly* 29(3): 672-681.

Skowronek, S. (2002) 'The Presidency and American Political Development: A Third Look', *Presidential Studies Quarterly* 32(4): 743-53.

Skowronek, S. (2011) *Presidential Leadership in Political Time: Reprise and Reappraisal*. 2nd ed. Kansas: University Press of Kansas.

Smith, M.J. (1998) 'Reconceptualizing the British State: Theoretical and Empirical Challenges to Central Government', *Public Administration* 76(1): 45-72.

Social Security Legislative Bulletin (2003) Available from: http://www.ssa.gov/legislation/legis_bulletin_121103.html (Accessed: 5 December 2013).

Starr, P. (1994) 'What happened to health care reform', *The American Prospect* 20(6): 20-31.

Starr, P. (2004) 'The New Politics of Medicare', *The American Prospect* 15(1).

Starr, P. (2011) *Remedy and Reaction: The Peculiar Struggle over American Health Care Reform*. New Haven, CT: Yale University Press.

Steinmo, S. and Watts J. (1995) 'It's the Institutions, Stupid! Why Comprehensive National Health Insurance Always Fails in America', *Journal of Health Politics, Policy and Law*, 20(2): 329-372.

Steinmo, S., Thelen, K., and Longstreth, F. (1992) (eds.). *Structuring politics: historical institutionalism in comparative analysis*. Cambridge: Cambridge University Press.

Steinmo, S. (2008) 'Historical Institutionalism', in Della Porta, D., and Keating M. (eds.) *Approaches and Methodologies in the Social Sciences*. Cambridge: Cambridge University Press.

Stocking, B. (1991) 'Patient's charter: New rights issue', *British Medical Journal* 303: 1148-1149.

Supple, B. (1997) 'Fear of failing: economic history and the decline of Britain', in Clarke, P., and Trebilcock, C. (eds.) *Understanding Decline: Perceptions and Realities of British Economic Performance*. Cambridge: Cambridge University Press, pp9-29.

Thane, P. (1990) 'Government and society in England and Wales, 1750-1914', in Thompson, F.M.L (ed.) *The Cambridge Social History of Britain 1750-1950, Volume 3: Social Agencies and Institutions* Cambridge: Cambridge University Press, pp.1-62.

The Economist (2015) 'Public goes Private' Available from: <http://www.economist.com/news/britain/21650602-private-provision-nhs-will-increase-coming-years-public-goes-private>, May 9. (accessed 11 May 2015).

Theakston, K. (1999) 'A Permanent Revolution in Whitehall: the Major Government and the Civil Service', in Dorey, P. (ed.) *The Major Premiership: Politics and Policies under John Major, 1990-1997*. Basingstoke: Palgrave, pp.26-44.

The Health of the Nation – A Policy Assessed. (n.d.) Available from: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014481.pdf (Accessed 30 July 2014).

Timmins, N. (2008) (ed.) *Rejuvenate or Retire? Views of the NHS at 60*. London: Nuffield Trust. Available from: <http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/rejuvenate-or-retire-nhs-at-60-jul08-final-web.pdf> (Accessed 7 May 2015).

Tivey, L.J. (1988) *Interpretations of Politics: The Image and the System*. London: Harvester Wheatsheaf.

Tomlinson, J. (2003) 'The Decline of the Empire and the Economic 'Decline' of Britain', *Twentieth Century British History* 14(3): 201-221.

Toner, R. (1993) 'Hillary Clinton's Potent Brain Trust on Health Care Reform', *New York Times*, February 28.

Tulis, J.K. (1987) *The Rhetorical Presidency*. Princeton, N.J.: Princeton University Press.

Tulis, J. K. (1996) 'On the Politics Skowronek Makes', *Journal of Policy History* 8(2): 248-252.

Tulis, J.K. (2000) 'The President in the Political System – In Neustadt's Shadow', in R.Y. Shapiro, R.Y., Joynt Kumar M., and L.R. Jacobs L.R. (eds.) *Presidential Power: Forging the Presidency for the Twentieth First Century*. New York: Columbia University Press, pp.265-273.

Tuohy, C.H. (1999) 'Dynamics of a changing health sphere: the United States, Britain, and Canada', *Health Affairs* 18(3): 114-134.

Waddan, A. (2002) *Clinton's Legacy: A New Democrat in Governance*. Basingstoke, Hampshire: Palgrave.

- Waddan, A. (2009) 'The Politics of Aging', in Wroe, A. and Herbert J. (eds.) *Assessing the George W. Bush Presidency: A Tale of Two Terms*. Edinburgh: Edinburgh University Press, pp.166-181.
- Waddan, A. (2012) 'Found and Lost a Third Way on Health Care', in White M. (ed.) *The Presidency of Bill Clinton: Legacy of a New Democratic and Foreign Policy*. London and New York: I.B. Tauris, pp.92-119.
- Wallace W., and Phillips, C. (2009) Reassessing the special relationship, *International Affairs* 85(2): 263-284.
- Wanless, D. (2002) *Securing our Future Health: Taking a Long-Term View*. London: HM Treasury.
- Warwick, P. (1985) 'Did Britain Change? An Inquiry into the Causes of National Decline', *Journal of Contemporary History* 20(1): 99-133.
- Webb, P., and Poguntke, T. (2013) 'The presidentialisation of politics thesis defended', *Parliamentary Affairs* 66(3): 646-654.
- West, D.M., Heith, D., and Goodwin, C. (1996) 'Harry and Louise Go to Washington: Political Advertising and Health Care Reform', *Journal of Health Politics, Policy and Law* 21(1): 35-68.
- Weiner, J.M. (1994) 'Managed Competition as Financing Reform: A View from the United States', Paper presented at the Institute for Research on Public Policy/Brookings Institution international conference, "Health Care Cost Control: Internal Market Mechanisms," Montreal, Canada, May 15-16.
- White, J. (2009) 'The United States: Risks for Americans and Lessons for Abroad', in Marmor, T.R., Freeman, R., and Okma, K.G.H. (eds.) *Comparative Studies and the Politics of Modern Medical Care*. New Haven: Yale University Press, pp. 24-60.
- White, J. (2011) 'Muddling through the muddled middle', *Journal of Health Politics Policy and Law* 36(3): 443-448.
- White, S. (2001) 'The Ambiguities of the Third Way', in White, S. (ed.) *New Labour: The Progressive Future?* Basingstoke, Hampshire: Palgrave, pp.3-17.
- White House (2003) 'Framework to Modernise and Improve Medicare', March 4. Available from: (Accessed 1 November 2014).
- Whittington, K. (2007) *Political Foundations of Judicial Supremacy: The Presidency, the Supreme Court, and Constitutional Leadership in U.S. History*. Princeton, N.J.: Princeton University Press.
- Wiener, M. (1981) *English Culture and the Decline of the Industrial Spirit, 1850-1980*. Cambridge University Press.
- Willetts, D. (1997) *Why Vote Conservative?* Harmondsworth: Penguin, 1997.
- Williams R. and Paun, A. (2011) 'Party People: How do – and how should – British political parties select their parliamentary candidates,' Institute for Government Report', November 2011. Available from: <http://www.instituteforgovernment.org.uk/sites/default/files/publications/Party%20People.pdf> (Accessed 22 January 2013).

Wilsford, D. (1994) 'Path Dependency, or Why History Makes It Difficult but Not Impossible to Reform Health Care Systems in a Big Way', *Journal of Public Policy* 14(3): 251-283.

Wilson Silver, M.H. (1997) 'Patients' Rights in England and the United States of America: *The Patient's Charter* and the New Jersey Patient Bill of Rights: a comparison', *Journal of Medical Ethics* 23: 213-220.

Wither, J.K. (2003) British bulldog or Bush's poodle? Anglo-American relations and the Iraq War, *Parameters* 33(4):67-82.

Woodward, B. (1994) *The Agenda*. New York: Simon and Schuster.

Woodward, K. (2002) 'Calculating Compassion', *Indiana Law Journal* 77(2): 223-245.

Wring D., and Ward S. (2010) 'The Media and the 2010 Campaign: the Television Election?', *Parliamentary Affairs* 63(4): 802-817.

Young, J.S. 'Power and Purpose in "The Politics Presidents Make."' *Polity* 27(3): 509-516.

Zelman, W.A. (1994) 'The rationale behind the Clinton health care reform plan', *Health Affairs* 13(1): 9-29.

Appendix A

List of Interviewees

Name	Position	Date of Interview
Paul Corrigan	Former Director of Strategy and Commissioning of the NHS London Strategic Health Authority, former health policy advisor to Tony Blair and former special advisor to Alan Milburn and John Reid.	06.02.2015
Stephen Dorrell MP	Former Secretary of State for Health (July 1995 – May 1997).	10.02.2015
Sir Alan Langlands	Former Chief Executive of the NHS and Principal Policy Adviser to the Secretary of State for Health (1994-2000).	27.02.2015

Dr Jennifer Dixon	Chief Executive of the Health Foundation (2013-present) and former policy advisor to the Chief Executive of the National Health Service (1998-2000).	07.05.2015
Anonymous	Former Senior Health Adviser to Tony Blair.	08.06.2015

Example Set of Interview Questions

- *Topics:*
 - Third Way (and modernisation)
 - Policy Shift after 2000
 - Structural Reorganisation
 - Role of Leadership
 - Increasing role of the market in health care provision and the NHS
 - Extent of continuation between Blair's policy agenda and his Conservative predecessors
 - Overall evaluation of Blair's approach, policy agenda and reforms
1. To what extent was the Third Way an obvious driver of policy in the early years of the Blair government?
 - a. How much did this concept, especially the inherent pragmatism within it, enable Blair to adapt conservative policies without alienating his traditional supporters?
 - b. To what extent was the Third Way more of a pragmatic political tool rather than something that defined the policy agenda?
 - i. How did modernisation and the Third Way work together in terms of defining Blair's policy agenda?
 - ii. Why do you think the commitment to modernisation was evident throughout Blair's government, (think of the creation of the *modernisation agency* in 2000 while the Third Way essentially disappeared after 2000?

- iii. How does Blair compare to Clinton in terms of his commitment to the Third Way, what similarities and differences do you see in terms of their attitude and approach to health care reform and what they hoped to achieve? (Final Question)
- 2. Given that most scholars agree there was a policy shift after 2000, symbolised by the publication of the NHS Plan, how dramatic was this policy shift?
 - a. Is it possible to argue that Blair explicitly accepted and even developed some existing conservative policies, especially with regard to the role of the market and private sector involvement in the NHS?
 - b. What impact did the replacement of Frank Dobson with Alan Milburn as Health Secretary have on the health policy agenda? (*Blair removing a constraint preventing him from enacting the change he desired, since Frank Dobson was “Old Labour” and as such did not have the same vision for the NHS as Blair*)
 - c. What happened to the Third Way as a driver of policy after 2000? It is no longer evident in any of the health policy documents published by the government.
 - i. Did Blair make a conscious decision to stop using the term or was it more pragmatic as the Third Way no longer reflected his policy agenda for the NHS after 2000?
- 3. Some scholars argue Blair embraced the reality of structural reorganisation after 2000 in order to achieve the reforms he desired, despite being reluctant to do so in his first three years – in his autobiography he notes “if poor service from the wrong structure, the structure had to change.” Did this change in attitude signal reconstructive intentions in the NHS after 2000, especially in light of the fact that Blair announced more funding for the NHS in January 2000 (to match European levels), which demonstrated that he was no longer willing to operate within the pre-existing Conservative budget limits?
 - a. How do you perceive this action and this shift in policy – was Blair less concerned with overcoming the constraints he faced in enacting reform, instead deciding to go ahead anyway?
 - i. If yes, how realistic were these ambitions?

- ii. If no, was Blair content to continue to operate within the structural environment established by his Conservative predecessors?
 - iii. Thinking about the political environment, what is your memory of the process of getting the Foundation Hospitals through parliament in Health and Social Care Bill 2003, how important were the Conservatives in this process, and how much did the policy itself emanate from something the Conservatives had supported under John Major?
- 4. How important is effective leadership in terms of achieving the desired reform and overcoming constraints to that reform?
 - a. Did Blair display effective leadership in terms of NHS reform and how much did he personally take control of the health care agenda, rather than leaving it to advisers or those in the health department.
- 5. Many of Blair's reforms after 2000 centred on increasing the involvement of the market in health care provision, how much did this signal overt acceptance of Conservative approach to the NHS, as it was Margaret Thatcher that proposed the internal market in the 1989 White Paper *Working for Patients*, something that was implemented under John Major?
 - a. What do you make on Blair's assessment (in his autobiography) that we should be "oriented to treating the NHS like a business with customers, as well as a service with patients?"
 - b. How do the introduction of Foundation hospitals and then pay-by-results support Blair's movement towards giving the market a greater role in the NHS?
 - i. Is this consistent with New Labour rhetoric, or is it closer to Conservative language and approach?
- 6. Overall, how much continuation was there between Tony Blair and his Conservative predecessors in terms of his attitude and approach towards policy?
 - a. How much did existing conservative policies affect Blair's policy agenda?
 - i. Depending on their impact, did Blair actively embrace the previous Conservative agenda, or was it more incidental in that the decision to accept Conservative funding limits in the NHS limited the reform he could pursue?

7. Finally, it seems like Blair's health care agenda and the reforms he envisaged (and implemented) in the NHS ultimately transformed the service during his time in office. From their 1997 election manifesto that pledged to "save and modernise the NHS," which they believed necessitated "working co-operatively for patients, not a commercial business driven by competition," which was followed by eliminating the internal market, but then maintaining public-private partnerships within a commitment to the Third Way and "keeping what works," to the introduction of foundation hospitals, the NHS Plan of 2000, and increasing market incentives to the beginning of Payment-by-Results in 2004.
- a. In view of this interpretation of Blair's policy agenda, how do you assess Blair's policy preferences, motivations and reforms, in terms of answering the question *why* Blair choose to pursue the reforms he did, and why the market became so central after 2000?
 - b. Was Blair transformative in the NHS?